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## **ABSTRACT**

### **THE EFFECTS OF AN ENRICHED ENVIRONMENT AND TEACHER INTERVENTION ON THE DRAMATIC AND SOCIODRAMATIC PLAY OF CHILDREN**

This study examined the effects of an enriched environment and teacher intervention on the dramatic and sociodramatic play of four to five year old children in Singapore. Three groups, comprising one experimental group with an enriched play environment, another experimental group with an enriched play environment and teacher intervention, and a control group without any intervention, with a total of thirty-six children from three childcare centres, were observed in the classroom setting. The Smilansky Scale for Evaluation of Dramatic and Sociodramatic Play was used to evaluate and rate the six play elements of Imitative Role Play, Make-Believe with Objects, Make-Believe with Actions and Situations, Persistence in Role Play, Interaction and Verbal Communication, that occurred in the children's play sessions.

Pre and post intervention data were analysed using paired t tests, analysis of variance, and chi-square to determine effects of the interventions. A qualitative perspective was included to provide additional information on the children's play. Overall, the results and analyses indicated increased play levels in the dramatic and sociodramatic play of the children in both experimental groups, and revealed more significant effects on the dramatic and sociodramatic play of children with the enriched play environment.

Research has supported the influence of the enriched play environment (Petrakos and Howe, 1996), and the effects of the enriched play environment and teacher intervention (Smilansky, 1968) in children's play.

The findings of this study serve to highlight the effects of the enriched environment and teacher intervention in enhancing the dramatic and sociodramatic play of children. The need to evaluate the role of teachers in children's play is also highlighted, with implications for teacher training programmes in the local context to emphasise the values and understanding of play in relation to learning experiences for children and the preschool curriculum.

**The effects of an enriched environment and teacher  
intervention on the dramatic and sociodramatic play  
of children**

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**Submitted by**

**Lu Soo Ai, Theresa**

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**University of Durham**

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**in partial fulfilment of the requirements for the  
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**2007**

**Supervisors: Dr. Julie Rattray and Dr. Mike Fleming**



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**LIST OF ABBREVIATIONS**

Ministry of Community, Development, Youth and Sports	MCYS
Ministry of Education	MOE
Kindergarten one	K 1
Kindergarten two	K 2
Housing and Development Board	HDB
Analysis of Variance	ANOVA
People’s Action Party	PAP
PAP Community Foundation	PCF
Intelligence Quotient	IQ
Standard	Std
Significance	Sig

## **DECLARATION**

This work has not previously been submitted for a degree or diploma in a university.

To the best of my knowledge and belief, the thesis contains no material previously published or written by another person, except where due reference is made in the thesis itself.

Lu Soo Ai, Theresa

28 October, 2007

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28 October, 2007

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# CHAPTER ONE: INTRODUCTION

## 1.1 STATEMENT OF PURPOSE

The purpose of this study was to examine the possible effects of an enriched play environment and teacher intervention on the dramatic and sociodramatic play of four to five year old children in Singapore. The longer term purpose or general aim of the study was to promote understanding of the importance of young children's play. The focus was on examining how changing the play environment and teacher intervention influences the children's play, particularly, dramatic and sociodramatic play. In this study, an attempt was made to evaluate the impact of an enriched play environment and teacher intervention on the dramatic and sociodramatic play of children.

Attempts have been made in studies to demonstrate that imaginative play contributes towards creativity and that children who play more imaginatively are better at schooling (Singer, 1973; Pepler and Rubin, 1982). According to Vygotsky (1976), "Play is the source of development and creates the zone of proximal development. Action in the imaginative sphere, in an imaginary situation, the creation of voluntary intentions and the formation of real-life plans and volitional motives – all appear in play and make it the highest level of pre-school development" (p. 552). The importance of play in the education of children is also emphasised in 'Developmentally Appropriate Practice in Early Childhood Programs' (Bredekamp and Copple, 1997), which accords play as being central in the curriculum for young children. Moyles (1996) acknowledges play as "a process which provides a mode for





learning and results in play behaviours” which are “invaluable means for initiating, promoting and sustaining learning within a curriculum framework” (p. 86).

Ongoing research has indicated that there are clear links between pretend play and social and linguistic competence, and there is growing evidence that supports connections between high quality pretend play and the development of specific academic skills (Neuman and Roskos 1997; Owocki 2001; Morrow 1990; Morrow and Schickedanz, 2006). Theories and studies of Jean Piaget (1962), Sigmund Freud (1995), Kurt Lewin (1935) and L.S. Vygotsky (1978), have stressed the influence of make-believe play on the development of young children’s capacity for imaginative thought. Singer and Singer (1990) suggested that symbolic or make-believe play can have great adaptive potential for children’s developing imagination.

Studies have supported the influence of dramatic and sociodramatic play on the development of social competence (Singer and Singer, 1990), on strengthening the understanding of the real world and promoting the development of imagination (Piaget 1962; Fein 1981; Smilansky and Shefatya, 1990; and Monighan-Nourrot 1998), and on the development of cognitive functioning (Freyberg, 1973; Smilansky 1968; Saltz, Dixon and Johnson 1977; and Dansky 1980), of children.

In this study the Smilansky Scale for Evaluation of Dramatic and Sociodramatic play was used to evaluate and rate six play elements that occurred in the children’s play sessions.

The six play elements comprised of:

- a      Imitative Role Play which indicates the child undertaking a make-believe role and expressing it in imitative action and/or verbalisation;
- b      Make-Believe with Objects whereby props, gestures or verbal declarations are substituted for real objects;
- c      Make-Believe with Actions and Situations, when verbal descriptions are substituted for actions and situations;
- d      Persistence in Role Play, when the child persists in a play episode for at least five minutes, following through a series of acts or activities of one or two roles, or stays with a single or related roles;
- e      Interaction, when two players interact in the context of a play episode with action or words directed to another child;
- f      Verbal Communication related to a play episode.

These six play elements which reflect the essence of sociodramatic play behaviour as identified by Sara Smilansky were used to measure the levels of play of the children.

The participants of this study were thirty-six preschool children from three centres of a major childcare provider in Singapore. Each group of twelve children aged four to five years of age was randomly selected from each participating centre. The three

groups of children comprised of two experimental groups with the implementation of intervention of the enriched play environment. In addition to the enriched play environment, teacher intervention was implemented for one of the experimental groups. No intervention was implemented for the control group.

Observations of the children's play sessions which were conducted in the classroom setting were videotaped, documented and analysed. The findings of this study seek to highlight the effects of the enriched play environment, or together with appropriate teacher intervention, to highlight the enhancement of the dramatic and sociodramatic play of children.

## **1.2 NEED FOR STUDY**

Play is one of the primary requirements that is necessary in the holistic development of the young child. It is through play that children develop their intellectual, social, emotional and physical skills as they interact with the environment, their peers and adults. The role of play in the curriculum of early childhood education has been explored, discussed and debated upon by educators, administrators and policy makers. Nutbrown (1999) believes that a "creative and challenging curriculum can incorporate opportunities for play and the realities of daily experiences which overflow with opportunities for teaching and learning. Such realistic learning avenues make for breadth, balance and relevance of learning in early education" (p. 112).

Although there is increasing awareness of the importance of play in the preschool settings of Singapore, the role and the elements of play contributing towards the development and learning of children need to be better understood and accepted by parents and teachers. This is evident as there is still a strong emphasis on academic subjects such as English, Math and Science taking precedence in preschools and childcare centres. Parents are anxious that children should be equipped with academic skills such as reading, writing and math, so that they are ready for formal schooling. As will be discussed below, there are signs that the attitudes of some parents are changing though many of them expect more emphasis on formal learning than play. Due to much importance given to academic skills that the children have to achieve even in the early years of formal primary schooling, teachers and preschools are faced with the task of balancing the expectations of the parents and being able to provide for play in the curriculum. Schooling in the formal years of education is highly competitive with much emphasis on academic results. Even with the increasing awareness of the positive elements of play, parents and teachers seem to be faced with the difficulty of accepting that there are connections between high quality pretend play and the development of specific academic skills.

However, much evidence has shown that dramatic and sociodramatic play behaviour is of crucial significance for the child's cognitive, social and emotional development (Piaget 1962; Smilansky 1968; Freyberg 1973; Fein 1981; Monighan-Nourrot 1998). "The essence of sociodramatic play is the spontaneous integration of elements of representation and pretense, reality orientation, organizational skills, reasoning, argumentation and social skills" (Smilansky and Shefatya, 1990, p. 27-28). Make-

believe, pretend, symbolic, dramatic and sociodramatic play emerge when children are able to transform their world into symbols (Isenberg and Jalongo, 2001), and it usually contains props, plot and roles (Garvey 1977). During make-believe play, children between three and seven years old take on roles and develop play themes. In dramatic play, children pretend through re-enacting something they experienced as they take on a role, pretend to be someone else and make-believe with objects. The recreating of experiences is a cognitive task that requires the remembering of past experiences, the selection of relevant aspects, and the use of gestures and words that reinforce the role (Dodge and Colker, 1996). Research findings indicate that there is a direct relationship between the ability to pretend and children's academic success (Johnson, 1990) and research studies have demonstrated the effectiveness of educational intervention in terms of helping non-players to actualize their need for make-believe (Rosen 1974; Saltz, Dixon and Johnson 1977; Dansky 1980).

In a discussion on the values and socialisation of the imagination with Dr. Sutton-Smith, Dr. Jerome Singer suggested that, "An argument can be made that the major early learning experiences of human beings take place around play activities. Make-believe play has particular advantages for certain kinds of learning that would be useful for the child as a child and then for the adult that's emerging from the child" (Singer and Singer, 1979, p. 197).

With the current knowledge-based economy in Singapore and in line with the government's interest to promote creativity in children, the launching of the new framework for the kindergarten curriculum by the Ministry of Education, in January

2003, marked a significant milestone for Singapore. The new framework, which promotes exploration and discovery, although not prescriptive nor compulsory, aimed to guide parents and teachers design a curriculum which will foster certain dispositions and skills in children that will enhance their creativity and ability in innovation and problem solving. The Ministry of Education developed the new curriculum, emphasizing play, activity, discovery and experiment, with help from local and British experts in the field.

In the framework of the new preschool curriculum, the six areas of learning are Aesthetics and Creativity, Environmental Awareness, Language and Literacy, Numeracy, Motor Skills Development, and Self and Social Awareness. Dramatic Play is featured as a component of Language and Literacy Development, and also as part of play environments, with play and “print” props to motivate children in aspects of reading and writing. “Dramatisation”, which involves acting out roles of persons or characters, is featured as one of the strategies for introducing Self and Social Awareness for children to explore moral situations and challenges in interpersonal relationships. In the Aesthetics and Creative Expression area of learning, the components of art, music and movement are emphasised. The new curriculum framework was not, and still is not, compulsory for preschool programmes as it was not and has not been implemented as a national curriculum for preschool children. With the cultural emphasis having been strongly on academic achievement, parents would need to be informed and convinced of the potential benefits of play for their children in order to appreciate the new curriculum framework. Educators and educational organisations would need to better understand and acknowledge the

benefits of play in children's development and education, in order to communicate these effectively to parents and to place greater emphasis on this area in the training of teachers.

However, the People's Action Party (PAP) Community Foundation, one of the major organisations that run two hundred and sixty-six kindergartens (Ho and Ng, 2007) in Singapore, adopted the new preschool curriculum. This curriculum was to be introduced in phases to their kindergartens. Therefore, the impact of the new preschool curriculum would be felt in stages over the years, by about sixty percent of all preschool children in Singapore, as a majority of preschool children attend kindergartens run by the PAP Community Foundation (PCF). Since the launching of the Ministry of Education's new framework of the preschool curriculum, the PCF kindergartens adopting the curriculum have been revamped significantly. Their former Chief Executive Officer, Mrs. Laura Khoo, mentioned in an interview in the Today Paper, that the organisation has learnt, that in order to carry out the new programme, changes to the physical structures of their centres have to be carried out. As for parents, Mrs. Khoo commented, "the move from book-based learning to activity-based learning has upset some parents who are worried about the transition to primary school" (Paulo, 2003, August 26, p. 1-2). Different from the traditional method of teaching a particular subject in one room and moving to another room for another activity, the new curriculum demands a self-contained room, which combines play and learning together.

As indicated by Mrs. Khoo, parents and teachers who are so used to book-based learning may have difficulty accepting activity-based learning as they are worried about their children's transition to formal schooling in the primary level. In addition, her organisation was also aware that in order to carry out the new curriculum, changes to the programme and physical structures of their centres had to be carried out as dramatic play and play environment with play props were some of the components included to encourage interactive and integrative learning. If learning through play can be supported by enhanced learning environments in classrooms and appropriate facilitation by teachers, teachers will have to be equipped with the knowledge and skills in designing learning environments and in facilitating children's play. These would have implications in changes to the educational physical settings for children, the training of early childhood teachers and the education of parents in the values of play.

In a recent article dated 27 January 2007, in *The Straits Times* of Singapore, titled 'Preschool Revolution', the reporters commented that, "Singapore's kindergarten scene is undergoing a quiet makeover as parents seek more creative, interesting and fun programmes for children" (Ho and Ng, 2007, January 27, p. S1). The reporters of the special report provided an overview of preschool education services offered by some of the major providers in Singapore, such as the PAP Community Foundation Centres. They reported that, "Even PAP Community Foundation Centres, long the providers of mass preschool education at low rates, are embracing change" (Ho and Ng, 2007, January 27, p. S1). This is indicative of a changing perspective of parents, who were worried about the move from book-based learning to activity-based



learning in 2003 with the launching of the new framework of the preschool curriculum, to the current willingness to be more open towards accepting creative, interesting and fun programmes for children.

In addition, as more young children are spending increasing amounts of time away from home to be in childcare settings, the role and contribution of play to their learning, as well as, appropriate ways of supporting this, will become areas of interests in studies of early childhood research.

Therefore, in investigating the possible influence of the enriched play environment and/or teacher intervention on the dramatic and sociodramatic play of children, I hope that the findings of this study can contribute towards reinforcing positive roles of the enriched play environment and teacher intervention in enhancing the level of make-believe play of children. It could do so through increasing the awareness, knowledge and understanding of the effects that enhanced play environments and appropriate teacher facilitation have on children's dramatic and sociodramatic play. Furthermore, in tandem with the recent 'buzz in the preschool scene' (Ho and Ng, 2007, January 27) in Singapore, this study could also serve to stimulate interest and knowledge in make-believe play and its role in children's learning, growth and development. Hopefully, awareness of the values that dramatic and sociodramatic play can contribute to children's learning can be achieved through stimulating teachers, educators, parents and administrators to embrace the 'new buzzwords', 'learn through play' (Ho and Ng, 2007, January 27, p. S2). This awareness can move them towards accepting positive changes in the curriculum for children. As a result, the positive

awareness can serve to further ignite the desire of early childhood teachers to gain knowledge and skills through training programmes and to communicate the values of play to parents through workshops, seminars and courses. It could also help to reinforce interest in developing and providing resource information and materials for both parents and teachers. In addition, it could also serve to further inform policy makers of the connection between play and the development of children's academic (cognitive and language) abilities, demonstrating the relevance of including play in the curriculum of children.

With the changing perspective of parents being more accepting of creative programmes for their children and in order to affirm the positive effects of play in the preschool curriculum, it is necessary to support teachers and parents in their increasing beliefs that young children learn through play. Teacher training programmes that include components of designing enhanced play environments, as well as promoting knowledge and skills in teacher facilitation and their influence on children's play, can further increase this awareness and provide endorsement of the importance of play in children's learning and development.

Increased awareness with reinforcement through the acquisition of knowledge and skills in training programmes would enhance the confidence of teachers in these areas. The possession of knowledge and skills could also empower teachers towards helping parents allay their fears of including play in the curriculum. In addition, empowered teachers can contribute towards assisting parents in understanding and accepting that activity-based learning through play and the environment can equip

children with appropriate skills in their transition to formal schooling in the primary level.

### **1.3 RESEARCH QUESTIONS**

This study addressed the following questions:

- 1 Does an enriched play environment have effects on dramatic/sociodramatic play of children aged four to five years of age?
- 2 Does appropriate teacher intervention have effects on children's dramatic and sociodramatic play?
- 3 To what extent can the combination of an enriched play environment and appropriate teacher intervention influence children's dramatic/sociodramatic play?

### **1.4 HYPOTHESES**

The hypotheses in this study were to examine the effects of an enriched play environment, and teacher intervention in addition to the enriched play environment, on dramatic and sociodramatic play of children.

- 1 There are relationships between the attainment in sociodramatic play of children and an enriched play environment. This hypothesis investigated whether an enriched play environment has effects on the play behaviour of

children aged four to five years old in that the level of dramatic/sociodramatic play will increase.

- 2 There are relationships between the attainment in sociodramatic play of children and teacher intervention in an enriched play environment. This hypothesis examined whether appropriate teacher intervention in an enriched play environment has an effect on the play behaviour of children aged four to five years old in that the level of dramatic/sociodramatic play will increase.

### **1.5 ASSUMPTION**

For the purposes of this study, it was assumed that all the children possess, at least to a minimum degree, the verbal, motor, intellectual and social skills required for play. Partial deprivation in these areas would not be a real obstacle to developing their play ability.

### **1.6 DEFINITION OF TERMS**

Operational definitions of the terms used within the contents of this study are required in order to facilitate clear understanding of the terminology and concepts. The following definitions were used as they served to provide appropriate elaboration on the key terms of this study. The main concepts and their definitions relevant to this study are as follows:

**Play:** “Play is an essential part of every child’s life and vital to their development. It is the way children explore the world around them and develop and practise skills. It is essential for physical, emotional and spiritual growth, for intellectual and educational development, and for acquiring social and behavioural skills” (Hampshire Play Policy Forum 2002, 1).

In a comprehensive review by Rubin, Fein and Vandenberg (1983), the criteria claimed as distinguishing play are:

- It is intrinsically motivated.
- It is characterised by attention to means rather than ends.
- It is distinguished from exploratory behaviour. The latter is guided by “what is an object and what can it do?” while play is guided by “what can I do with this object?”
- It is characterised by nonliterality or pretence.
- It is free from externally applied rules (in contrast to games).
- The participant is actively engaged (in contrast to day-dreaming or idling).

As noted by Smith, Takhvar, Gore and Vollstedt (1986), a large number of play criteria exist and have been used or cited by researchers and educators in their attempts to define play. However, they noted that “there is no one definition of play, as such. Rather, there are various overlapping criteria: the more of these which are present, the more certain it is an observer will regard the behaviour as being play” (Smith, Takhvar, Gore and Vollstedt, 1986, p. 41).

**Make-believe:** Using imaginations to invent actions and situations (Dodge and Colker, 1996, p. 119).

**Role play:** Enacting the character of a person (or animal) or others in another context and expressing it in imitative action and/or verbalisation (Smilansky and Shefatya, 1990, p. 245).

**Verbalisation:** Expression through oral language.

**Pretend play:** the components presented by Beardsley and Harnett (1998, p. 15) are the following:

- Imitation with an object or a number of objects, sometimes in a sequence;
- Imitation of actions;
- Make believe, drawing from experiential knowledge of objects, roles and situations;
- Acting out ‘what if’ situations, for example “What if I am the doctor and you break your leg?”

**Dramatic play:** the components presented by Beardsley and Harnett (1998, p. 15) are the following:

- More of an overall term which includes pretend and role play;
- Draws on imagination using first- and second- hand experiences to develop elements of play;
- Includes the use of props and is dependent upon language.

Dramatic or symbolic play involves role playing and make-believe (Johnson, Christie and Wardle, 2005) and allows the child to experience human relationships actively by means of symbolic representation (Smilansky and Shefatya, 1990).

**Sociodramatic play:** the components presented by Beardsley and Harnett (1998, p. 15) are the following:

- Play includes two or more players;
- Interaction and collaboration within the framework of an episode;
- Ongoing improvisations as children make something of their roles as the play develops.

Sociodramatic play occurs when two or more children adopt roles and attempt to recreate a real-life situation. It involves using symbols to represent objects that are not present (Christie, 1982), and also requires children to plan a story line or plot that is related to chosen roles. Sociodramatic play allows the child to be an actor, observer and interactor simultaneously, using his or her abilities in a common enterprise with other children. Sociodramatic play is thus a social medium and a social creation although each step depends on individual initiative. The speech or action of the players is spontaneous and created on the spot for the moment. Play episodes include theme definition and role declaration (Smilansky and Shefatya, 1990, p. 3; 7).

**Play environment:** The term play environment in the study refers to the indoor play area in the classroom with props, materials, and equipment for dramatic and sociodramatic play.

**Teacher Intervention:** There are two basic types of intervention which were developed by Smilansky (1968) for use in her play training study. Outside intervention requires the teacher to remain outside the play episode and makes comments to the role the child has adopted to encourage use of sociodramatic behaviours. Inside intervention refers to 'participation in the play' (Smilansky, 1968). It requires the teacher to take on a role, join in the children's play, and demonstrate sociodramatic play behaviours that have been missing in the children's play.

## **1.7 OVERVIEW OF THE STUDY**

The thesis is organised into six chapters. Chapter one contains an introduction with a statement of the purpose of the study, a discussion of the need for the present study, the research questions and hypotheses, definitions of terms, and an overview of the study. Chapter two provides a review of the related literature to the study. The design of the study, methods and data collection procedures are presented in Chapter three. Chapter four presents the results from the statistical analysis of data collected on the effects of an enriched environment and teacher intervention on the dramatic and sociodramatic play of the children. A qualitative perspective of the results is provided in chapter five. Chapter six contains discussions of the results and analyses,



limitations, implications for preschool education and teacher training, recommendations for future research, as well as, conclusions of the study.

Chapter two, which is the following chapter, presents a review of literature providing theoretical perspectives and research on play. The review of literature also contains definitions of play and areas relating to emphases on play and children's development, play environments and their influence on dramatic and sociodramatic play, as well as, the role of the teacher in dramatic and sociodramatic play of children.

## **CHAPTER TWO: REVIEW OF THE RELATED LITERATURE**

### **2.1 INTRODUCTION**

In an attempt to conceptualise the scope of the study and to support the rationale for the present research, this review examines the significance of play in children's learning and development in the preschool years. It also reviews related literature and research that examine effects of play on children's learning and development, the effects of play environments on children's dramatic and sociodramatic play, and adult intervention in children's dramatic and sociodramatic play. The final section of this chapter concludes with a summary and the hypothesis of the study.

### **2.2 THEORETICAL PERSPECTIVES AND RESEARCH ON PLAY**

Discussions about the definition and types of play have been ongoing among early childhood educators. There have been agreements, as well as disagreements, on the seemingly problematic nature of defining a construct such as play. Play has been viewed as a form of relaxation when conceived of as part of curriculum activities and perceived as an activity predominantly for its pleasure reserved for outside the domain of work. However, it has also been viewed as "child's work, the means whereby he grows and develops" (Isaacs, 1968, p. 9).

There is a body of thought which suggests that play is essential to children's development (Moyles, 1996). Although it has been generally agreed that play

enhances children's development in all areas, there have been disagreements among theorists, researchers and educators in their differentiating perspectives of play. Piaget (1962) emphasised the cognitive significance in play as children use play to practise known information and to construct understanding. Erikson (1963) emphasised the emotional significance of play as it is used to express and release strong emotions. Vygotsky (1978) noted the way children used play as an instrument in developing social, language and cultural learning. According to Vygotsky, "Play is the source of development and creates the zone of proximal development" as 'scaffolding' can take place when children engage in social activity (Vygotsky, 1976, p. 552).

Tina Bruce (1991), in her book titled, 'Time to play in early childhood education', reviewed various perspectives of play through different phases in time, in her chapters on 'Existing theories in play' and 'Important influences on the development of free-flow play'. She referred to 'free-flow play', also known as 'imaginative or pretend play', as play that is not structured and to be regarded with the "network of inter-related processes in which it operates". She believed that "play is a process in the child", and "it is heavily influenced by context" (Bruce, 1991, p. 7; 11). Free-flow play according to her should not be dominated by adults as children create the setting where they operate at their highest levels of functioning. She commented that most researchers in the 1970s and 1980s stressed the importance of structured, guided activities, rather than free-flow play. Bruce (1991) noted that both 'recreation theory' and 'excess energy theory' considered playtime as separated from work time. These theories separating work and play tended to regard play and recreation as the same,

and a balance between academic work and non academic play is to be established in the curriculum. In addition, Bruce (1991) pointed out theories that make play a central part of education such as the 'recapitulation theory' derived from Stanley Hall with the view that culture is reflected in play, and the 'learning through play theory' with emphasis on play as preparation for life, as seen by Bruner (1983) with the perspective that play helps children prepare for adult life.

During the 1930s to 1960s, the development of 'child-centred' theories was significant. These include the theories of Freud who believed that play helped children gain mastery and control to cope with anxieties and conflicts, and Erikson, who believed that through play, children develop initiative and are equipped to approach life with a sense of increased focused purpose. Piaget stressed the importance of free-flow play for children as they are active in their learning and use play to further their development. He did not separate the distinction between the creative strand of symbolic play and the prescribed rules of games, as he saw free-flow play as something that develops into games with rules (Bruce, 1991).

Theories of play which attempted to define and explain play comprised mainly of the earlier classical theories and the more recent modern theories. The main focus of the classical theories was to explain the purpose of play and why it exists, through surplus energy and recreation/relaxation theories, which considered play as a means of regulating energy, and the recapitulation and practice theories which viewed play in terms of instincts. Ellis (1973) considers these theories as being based more on philosophical reflections than experimental perspectives. The classical theories have

limitations in the scope of explaining play behaviour and are perceived as outdated in their beliefs about energy and instincts.

Modern theories emerged in the twentieth century with the rising expectation that play theories could be supported with experimental research to explain the role of play in different areas of child development (Ellis, 1973). These theories can be organised according to the focus of development that they promote. Psychodynamic theories, initiated by Sigmund Freud, attempted to explain the role of play in the emotional development of children. Freud (1995), in his 'Creative writers and day dreaming' (1908), commented that the child best-loved to be occupied with his play, which he or she takes very seriously as a large amount of emotion is expended on it. Erikson (1963) viewed the function of play to be for the development of self-esteem, as children coordinate their bodily and social processes, and develop their thoughts, bodies, and social behaviours. He extended the psychoanalytic theory of play in relation to personality, viewing play as progressing through stages that reflect children's psychosocial development.

Cognitive theories of Piaget and Vygotsky, which focused on the role of play in the development of children's thinking, became prominent in the late 1960s. Piaget (1962) believed that play is an important condition for learning to occur, as it provides children with practice and consolidation of newly acquired skills and concepts that prepares them for future learning. Vygotsky (1976) believed that play has a role to play in the cognitive development of children, as through make-believe play children develop their mental ability to think about meanings independently of

the objects they represent (for example, using a stick to stand for a snake). Vygotsky (1978) also believed that play provides the context in which learning can occur through the zone of proximal development in which the child's knowledge and skills are promoted to higher levels through support from others.

In reviewing research and theory of the 1970s and 1980s, Bruce (1991), noted that critical examination of the generic concept of play was sought to identify elements that were educationally most useful. Bruner (1974; 2006a) believed that play provides children with opportunities to explore new combinations of behaviour which can promote the development of flexibility in problem solving skills. Play was viewed as serving important functions such as a means of learning especially in social play situations, and providing opportunities for trying out combinations of behaviour that are normally not tried (Bruner and Sherwood, 1976). Bruner (1990) maintained that play has an important role in the development of narrative modes of thinking in children. As sociodramatic play involves children in the acting out of child-constructed narrative stories, children can be provided with opportunities to develop these competencies through play (Johnson, Christie, and Wardle, 2005).

However, play was also seen as an integrating mechanism, by Fein (1981), Garvey (1977) and Singer and Singer (1990), which enables children to sort out feelings and relationships, and adults are viewed as catalysts in structuring play situations and guiding play. The most recent influence in the theories of play is that of Brian Sutton-Smith. His beliefs of play are representative of modern theories, with emphasis on the role of play in cognitive development. Sutton-Smith (1967) emphasised the

variability of play behaviour and its positive influence on creativity and problem solving.

Research has been influenced by child-centred theories of play which emphasised the control of the child in play. Theory and research have played a part in influencing the way we look at play and helped to show the way it has been perceived. Although past and present approaches reveal some common strands, the main issue that seems to be recurring is the involvement and extent of the adult in play. This would depend on the main function of play which would determine the extent of the adult's role and whether adults need to be trained to support children's control of play (Bruce, 1991).

The role of play in the curriculum for early childhood education has been evolving. The perspective that play is separate from work with classroom emphasis on academic and structured work, has been changing to curriculum frameworks that focuses on play-based learning experiences. In addition, the increasing belief of early childhood educators that children learn through play, also contributes to frameworks that support play in the curriculum. Play is viewed as an important instrument that develops competencies in problem solving, divergent thinking and social skills, as children interact with each other, with objects and with the environment.

Within the Singapore context, the early childhood education scene has also been gradually shifting from paper-and-pencil activities, to greater emphasis on play activities in classrooms that encourage learning through exploration and discovery.

The National Association for the Education of Young Children is one of the strong advocates of play, as it believes that “Play is an important vehicle for children’s social, emotional, and cognitive development, as well as a reflection of their development” (Bredekamp and Copple, 1997, p. 14). Play promotes children’s understanding of the world, allowing them to express their thoughts and feelings, developing their language, cognitive and social abilities and providing opportunities to learn through problem solving (Bredekamp and Copple, 1997).

Current research linking play and literacy shows a relationship between active, socially engaging play, and early language and literacy development (Neuman and Roskos, 1997; Owocki, 2001; Morrow, 1990; Morrow and Schickedanz, 2006). Children interact through play and develop their social skills as they learn to express themselves, cooperate and take turns. Understandings of the social world and of language diversity are widened when children are provided with play opportunities in a variety of settings (Roskos, Vukelich, Christie, Enz, and Neuman, 1995). Research linking play to social competence supports the views that play is necessary for the development of social competence. Studies have shown that pretend and dramatic play strengthens the child’s understanding of the real world and provides opportunities for imagination to develop (Piaget, 1962; Fein, 1981; Smilansky and Shefatya, 1990; Monaghan-Nourot, 1998).

Studies have supported the assumed correlational relationship between play and cognition showing that deficits in dramatic play are associated with cognitive deficiencies (Freyberg, 1973; Smilansky, 1968). A causal relationship between play



and specific cognitive skills was evidenced through experimental studies in which non players were trained in make-believe. Saltz, Dixon and Johnson (1977), showed that training in sociodramatic play can increase both the Intelligence Quotient (I.Q.) scores and the ability to distinguish fantasy from reality. Rosen (1974) demonstrated that sociodramatic play training enhances subsequent role taking skills. A study by Dansky (1980) attempted to extend and clarify previous findings by examining the influence of sociodramatic play on two main spheres of cognitive functioning: the ability to comprehend, recall, and produce meaningful, sequentially organised verbal information; and the dimension of imaginativeness or creativity. Thirty-six preschoolers from lower socioeconomic families were randomly assigned to one of three treatment conditions: sociodramatic play training, exploration training, or free play control. Pre-treatment observation of the subjects' free play behaviour confirmed findings that elaborate sociodramatic play, typical of middle class preschoolers, does not develop spontaneously in all children. Children from economically disadvantaged families, who were given opportunities to play with props conducive to sociodramatic play, displayed relatively little of such activity. However, when simple and informal training through modelling and adult encouragement were provided with the props, the imaginative quality of the children's sociodramatic play increased significantly. In addition, the increase in sociodramatic play had a significant impact on the children's subsequent performance on test-like cognitive tasks in which the children received no direct training.

### **2.3 DEFINITIONS OF PLAY**

Ongoing discussions on definitions and functions of play have been presented, shared and deliberated by theorists, researchers and educators of children. The definition of play has been very difficult, so much so, that often educators have to be contented with agreeing on whether an activity is regarded as play, rather than seeking one all-embracing definition. Furthermore, different types of play have to be defined in different ways. The problematic nature of defining a construct such as play poses a challenge to many. Although views and perspectives have been changing, amidst disagreements, some main elements have been reinforced and articulated as acceptable and key components of play.

Definitions of play seem to evolve from three main perspectives encompassing the exploratory and open-ended nature of play, the intrinsic and synergistic nature of play, and the developmental aspects of play (Anderson, 1998). The exploratory nature of play has been studied widely (Pellegrini and Perlmutter, 1989) and expressed in the following: “Play is an essential part of every child’s life and vital to his/her development. It is the way children explore the world around them and develop practice skills. It is essential for physical, emotional, and spiritual growth; for intellectual and educational development; and for acquiring social and behavioural skills” (Hampshire Play Policy Forum, 2002). This has a similar undertone to the belief advocated by The National Association for the Education of Young Children that play has an important role in children’s development.

It is notable that the account of play given by Rubin, Fein and Vandenberg (1983) reported on page 14 of this thesis did not offer one definition of play but presented a set of criteria:

- It is intrinsically motivated.
- It is characterised by attention to means rather than ends.
- It is distinguished from exploratory behaviour as play is guided by “What can I do with this object?”
- It is guided by nonliterality or pretence
- It is free from externally applied rules (in contrast to games)
- The participant is actively engaged.

Another set of criteria which was presented by Krasnor and Pepler (1980) to define play, were namely, flexibility, positive affect, nonliterality, and intrinsic motivation. Both sets of criteria recognised play as being intrinsically motivated, flexible (free from externally applied rules), and very typically characterised by pretence (nonliteral). Smith, Takhvar, Gore and Vollstedt (1986) recommended overlapping sets of criteria in the attempt to distinguish play, rather than to search for an all encompassing definition. This is in line with the view held by Rubin et al. (1983).

In spite of differences in opinions and ways of defining play, there has been agreement on some of the characteristics of play (Bretherton, 1984; Fromberg, 1998; 1999). Isenberg and Jalongo (2001) acknowledged that there are at least five essential elements that characterise play. In line with the criterion on intrinsic motivation

presented by Krasnor and Pepler (1980), Isenberg and Jalongo (2001) noted that the element of intrinsic motivation allows children to choose roles and direction in play, and the voluntary aspect provides them with the control of their play that is self-satisfying and not required to meet external demands. The criterion of positive affect as presented by Krasnor and Pepler (1980) is supported by the characteristic of 'intrinsic pleasure' derived through play activities presented by Isenberg and Jalongo (2001). Another characteristic noted by Isenberg and Jalongo (2001), is the symbolic, meaningful and transformational nature of play as children role play in various situations. Krasnor and Pepler (1980) presented this as the criteria of nonliterality. As for the criterion of flexibility presented by Krasnor and Pepler (1980), this can be part of the characteristic of actively involving children as players, who explore and interact with objects and people, which was noted by Isenberg and Jalongo (2001). However, Isenberg and Jalongo (2001) also noted the additional characteristic of play as being rule-bound, as children formulate rules when they engage in play with others.

Play and exploration can be observed in young children as they interact with play materials and encouraging environments. The creative aspect of the play activity results in fun that is the motivating intrinsic nature of play. The developmental aspects of play associate play with children's social, cognitive, language, physical and creative development (Stegelin, 2005). Play provides children with opportunities to develop their abilities in the physical, social, and cognitive domains that will support them in situations of their daily lives (Johnson, Christie, and Yawkey, 1987; Rubin, Fein and Vandenberg, 1983). Some factors that set play apart from other

behaviours include positive affect, as play is fun and enjoyable, and non-literality, as a means-over-ends orientation, in that make-believe makes play-related literacy activities meaningful and significant to children (Garvey, 1977; Rubin, et al, 1983; Smith and Vollstedt, 1985).

## **2.4 PLAY AND CHILDREN'S DEVELOPMENT**

The evolving perspective of fantasy as a constructive cognitive ability (Piaget, 1962), has promoted the view that make-believe fantasies of children contribute towards their cognitive development. It was viewed that children use the imaginative symbol to move beyond the concrete. Johnson (1990) noted that there has been a growing consensus based on empirical researches that play serves a generative role in cognitive development. Perceived connections between symbolic play and language (Smilansky, 1968; Fein, 1981), gains in verbal intelligence (Saltz, Dixon and Johnson, 1977), as well as, improvement in conservation performance (Golomb and Cornelius, 1977) were noted. The effects of play in the development of cognitive skills such as creativity (Dansky, 1980); Feitelson and Ross, 1973) or divergent thinking (Sutton-Smith, 1967; Johnson, 1976; Pepler, 1982), and problem solving (Rosen, 1974) were also reported.

Other cognitive researchers have stressed the role that play serves in integrative functions in enabling children to replay and record experiences as imaginative play, and allows children to consolidate newly acquired skills (Singer, 1973). In essence, Singer (1973) expressed that the act of engaging in make-believe play presents the

child with opportunity to develop competence in the area of image construction and verbal skills related to make-believe situations. She commented that the complex interplay of visual or auditory imagery of make-believe play increases the likelihood for the child to develop effective use of both verbal and imagery materials for future learning experiences. Therefore, “make-believe play represents not simply a natural development at a certain stage of the child’s growth, but also has the potential for development of a series of cognitive skills that can be ultimately part of the older child’s effective behavioral repertory” (Singer, 1973, p. 200).

Social play generates the need for children to take the perspective of each other. When engaging in social play, as children reciprocate in their role taking, they are required to view situations from different perspectives (Pellegrini, 2001; Burns and Brainerd, 1979). In play episodes, children communicate themes and enactments which necessitate the use of sophisticated and explicitly expressive language (Pellegrini and Galda, 1982). The verbal language encompasses the encoding of meaning in communicating with the other players to convey play overtures in meaningful ways (Garvey, 1977).

Nutbrown (1994) viewed play as having a significant place in young children’s learning and development. Children also learn by watching and imitating others, and through participation in activities and events such as baking at home and going shopping with their parents. She emphasised that the breadth and balance in the curriculum should not be just about content, but about the processes of learning (Nutbrown, 1994). By providing space, environment, materials and time for children

to play, interact, imitate, reflect and reason, children's understanding of things is being developed. Therefore, it is important to place the child as the central key to the curriculum, and provide opportunities for children to engage in new and challenging experiences through play. The most likely way to ensure curriculum relevance, as well as, breadth and balance of learning opportunities, is for teachers to base their teaching of young children on real experiences and avenues of learning that arise from children's play.

Play and sociodramatic play are seen as often using or enhancing the processes of concept development and the development of representational competencies such as perceiving similarities and differences, generalising, class inclusion and other concept acquisitions. "Play serves an important cognitive consolidating function by assisting in the child's construction of meaning from experience" (Johnson, 1990, p. 215). Although early childhood educators view children's shared pretend play as important to the development of children's emotional, social and cognitive growth, they are faced with the difficulty of balancing the demands of the academic areas with providing opportunities of learning through play, and the fears of parents who want assurance that their children are adequately equipped with the skills of formal schooling. In our highly competitive society, much emphasis is placed on academic achievement even for children of a young age. The value of play in the lives of young children is being reviewed as institutions are becoming more convinced of the importance of exploratory, discovery and interactive components of play and their contributions to the development of children.

## **2.5 DRAMATIC AND SOCIODRAMATIC PLAY**

Dramatic or pretend play can be defined as children's active involvement in role play and the transformation of situations and/or objects in a nonliteral way (Fein, 1982; Rubin, Fein and Vandenberg, 1983). Piaget (1962) believed that in pretend play, children 'replay' and assimilate their experiences. "All theorists recognize that pretense permits children to become familiar with social role possibilities in their culture, providing important insights into the link between self and wider society" (Berk, 1994, p. 30).

In sociodramatic play (social pretense play), two or more children adopt roles and act out make-believe situations (Johnson, Christie and Yawkey, 1999). During sociodramatic play, children use language to express themselves to others, to plan, and to carry out make-believe episodes. Children learn to use and interpret symbols when they dramatise events. Sociodramatic play tends to focus on children's actual experiences through role play and social interaction, and it also involves object representation such as a block for a phone. Children learn to view things from a different perspective, develop social skills such as turn-taking and cooperation when they enact roles in play episodes.

A normative age for the onset of sociodramatic play has not been specified, although existing literature and accounts suggest that this ability emerges late in the third or early in the fourth year of life (Piaget, 1962; Rubin et al, 1983; Smilansky, 1968).



Contextual factors such as familiarity of group members and the play settings can influence the occurrence of sociodramatic play. The familiarity of peers can affect the incidence and maturity of children's sociodramatic interactions. The same of course may be true of adults who intervene in children's play. When familiar and unfamiliar peers were compared, social interaction between familiar peers has shown to be more frequent and more intense. Similarly, children who were introduced to unfamiliar play rooms needed to establish a degree of social understanding prior to exhibiting sociodramatic skills, regardless of their individual symbolic ability (Forys and McCune-Nicolich, 1984).

“Higher order thinking abilities” such as using “representational knowledge to solve problems and mentally operating on symbolic objects to reason, to test hypotheses”, are related to play (Johnson, 1990, p. 217). Bretherton (1984) noted the increase in reasoning ability in the symbolic play of preschoolers as during sociodramatic play, children plan, make predictions, reason about cause and effect, elaborate and verify outcomes. The ‘theory of mind’ refers to a model of mental states developed by the child that is closely related to metacognition and perspective taking (Leslie, 1987). Alan Leslie, a British psychologist, noted that a child's ‘theory of mind’, which is the awareness that he or she has thoughts which are different from other people's thoughts, may have depended on experiences obtained from pretend play. As children develop their ‘theory of mind’, they become more sensitive to the fact that other people have their own minds and perspectives, which are different from theirs (Leslie, 1987; Lillard, 1998).

Pretend play has frequently been assumed to be representational (Bretherton, 1984, 1986; Fein, 1979; Leslie, 1987; McCune-Nicolich, 1981; Piaget, 1962) as children seem to use mental representations of objects in their pretence. For example, in pretending a block is a cookie, a child uses her representation of a cookie (Lillard, 1993).

When children engage in pretend play, pretending is seen to be fostering the 'theory of mind' through the children's capacity to represent the real, as well as, the imaginary (Leslie, 1987; Lillard, 1998). The understanding of external representations is important in both 'theory of mind' and in pretend play, as "it is a likely building block for understanding mental representations", and "in order to understand a mental representation, one must first understand the basic fact that one thing can represent another" (Lillard, 1993, p. 357).

Dorothy and Jerome Singer provided a useful modification on the work of the 'theory of mind'. They noted that, "A theory of mind implies that humans have available a domain of metarepresentations they can manipulate to make inferences about causes and predictions about future events, to recognize the consequences of ignorance, to distinguish reality from fantasy, to acquire a language of words and phrases depicting mental experiences or states, and to infer motivations" (Singer and Singer, 1990, p. 125). Leslie (1987) viewed what these developments have in common is that they require the deployment of metarepresentations, and this also links the ability to pretend and understand pretense in others to the employment of 'theory of mind'. He added that, "Pretend play is thus one of the earliest manifestations of the ability to

characterize and manipulate one's own and others' cognitive relations to information. This ability, which is central to commonsense theory of mind, will eventually include characterizing relations such as believing, expecting, and hoping, and manipulating these relations in others" (Leslie, 1987, p. 422). Singer and Singer (1990) maintained that a major step in development occurs when children can cordon off pretense representations from primary level representations, such as being able to pretend that a telephone cord on the floor is a snake, and by doing so, they are treating the telephone cord in its metarepresentational mode.

Leslie, in his attempt to find an explanation for the "apparent dislocation in autism between primary and metarepresentational abilities", and in his review of work presented by Wing, Gould, Yeates, and Brierley (1977) and by others, contended that, "There is at least preliminary evidence, then, to suggest that a large proportion of autistic children have a specific deficit in theory of mind" (Leslie, 1987, p. 424). He saw it as confirmation of the prediction of the theory of metarepresentational development, based on prior finding, that children with autism show a specific deficit in pretend play. As one of the characteristics of children with autism is social impairment, the lack of pretend play skills may be explicable in terms of this metarepresentational deficit which renders them unable to understand or predict the behaviour of others. Therefore, the lack of pretend play skills can present as an obstructing factor in social interactions with others, and in turn, limit social development.

Fromberg (1997) views sociodramatic play as a powerful developmental activity and a form of assessment as it provides the opportunity for us to learn how children think, and what they know as they engage in role play interactions. Sociodramatic play (social pretend play) is comprised of both “social-interactive and social-representational abilities” (Forys and McCune-Nicolich 1984, p. 159) as children are involved in pretend enactments. Social and communicative skills are required, together with some knowledge of roles relating to specific situations, which would enable children to express themselves through the play sessions. The essential elements of sociodramatic play would be the provision of several props to support the pretend activity, themes from familiar daily activities, roles and the appropriate pretend social interactions (Forys and McCune-Nicolich 1984).

Spodek (1985) believes that teachers have a key role in setting the stage for play in the classroom, in guiding its direction, and in modifying it. These may be achieved through providing materials for dramatic play in the classroom and play activities revolving around various social roles to stimulate play, and by guiding play through suggestions or questioning techniques. According to him, the teacher’s guidance is necessary if play is to be educationally useful. The guidance “require an awareness of and sensitivity to the children’s play activities, a sense of what the teacher hopes the children will derive from the play, and an ability to move into the children’s play on occasion, make suggestions, even become a player if that can be done without distorting the children’s play” (Spodek, 1972, p. 212).

### **2.5.1 PLAY ENVIRONMENTS AND THEIR INFLUENCE ON DRAMATIC AND SOCIODRAMATIC PLAY**

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The play environment encompasses the physical space, the provision and arrangement of equipment, materials and props, as well as the contextual setting (Frost, Shin, and Jacobs, 1998). Environmental factors such as the space, equipment, props and materials can influence the play behaviour of children. Research has explored the effects of physical environment dimensions on play, such as the spatial features and the arrangement of equipment in the classroom (Phyfe-Perkins, 1980; Smith and Connolly, 1980).

Children's play behaviours become more complex and abstract as they progress through childhood (Piaget 1962; Johnson, Christie, and Yawkey, 1987). Dempsey and Frost suggested that "the environment in large part embodies the curriculum of early childhood education", as it provides the setting for children to interact and learn through play (Dempsey and Frost, 1993, p. 306). Settings can have considerable influence on the type, the level, the amount, the duration and the quality of children's play (Petrakos and Howe, 1996; Smith and Connolly, 1980). Stimulating play environments facilitate higher levels of thought, and cognitive skills progress during problem solving with play materials, ideas, events, and people (Stegelin, 2005).

The environment plays an important role in empowering and supporting children in their play as it provides the setting for interactions and opportunities for the development of children's social competencies, such as self esteem and confidence.

Preparation and planning of the play environment with appropriate props, and providing time in the schedule for play to happen, provide the necessary factors to promote play. When children are provided with choices in props, they are enabled to choose a range of roles in their play. A variety of toys, tasks, and equipment can serve to challenge the child's intellectual skills and curiosity. The environment, play materials or contexts can be contributing factors towards the structuring of children's play.

Dramatic play is seen most often in House/Housekeeping corners/areas of childcare centres and kindergarten classrooms for preschool children. Harms, Clifford, and Cryer noted that "Dramatic play is enhanced by props that encourage variety of themes including housekeeping, different kinds of work, fantasy and leisure" (Harms, Clifford, and Cryer (2005, p. 49). For a centre to score at a good to excellent level on the Early Childhood Environment Rating Scale (an overall environment and programme quality assessment instrument designed for preschool and kindergarten classrooms) in the provision of dramatic play as one of the main learning areas, more than one area of dramatic play must be available, and props for at least two different themes are accessible daily, for example, housekeeping and work (Harms, et al, 2005).

In relation to classroom contextual effects on the play of children, differences exist in the types and the quality of play that children engage in different learning areas of the classroom such as dramatic and interactive play in the dramatic area (Pellegrini and Perlmuter, 1989). Adequate and proper use of space and the provision of theme-

related props and materials can encourage and enrich the sociodramatic play of children (Griffing, 1983; Walling, 1977; Woodard, 1984). Woodward (1984) found that when a number of theme corners were set up near the location of the permanent housekeeping centre in her university's laboratory preschool, the children, especially, the boys, began to engage in more sociodramatic play. Other researchers reported similar findings in that boys showed preferences for playing in the other theme corners rather than the housekeeping centre (Dodge and Frost, 1986; Howe, Moller, Chambers, and Petrakos, 1993).

In another study by Howe, Moller, and Chambers (1994), they found that preschool children engaged in more dramatic play in familiar centres such as the bakery and pizzeria when compared with the less familiar centres of the hospital and pharmacy. The familiarity of themes is subjective to the children's experiences.

Play materials can affect the type and the content of children's play as they influence the forms and social quality of play. Some play materials tend to encourage solitary play while others stimulate interaction and group play. The availability and the type of play materials have different effects on the social quality of play of preschool children. Findings from research indicated that large amounts of group play are related to play materials such as housekeeping props, dress-up clothes, dolls, and toy vehicles (Hendrickson, Strain, Tremblay, and Shores, 1981). It was also found that certain materials such as housekeeping props, dress-up clothes, and dolls which are associated with dramatic play, promote group play (Bagley and Chaille, 1996). Trawick-Smith (1990) found that three to six year old boys and girls, up to age five,

displayed more make-believe with realistic play props than with less realistic play materials. As children are seen as active learners who construct their learning through exploration of the environment (Piaget, 1962; DeVries, 2001), it is important for teachers to not only believe in the power of the enriched environment, but also to increase their awareness and skill in planning appropriate play environments for the children (Dempsey and Frost, 1993; Van Hoorn, Nourot, Scales, and Alward, 2003).

McLean (1995) believed that the environment is the main building block of the curriculum for children. Therefore, great care and knowledge should be used in preparing an enriched environment that encourages children to explore, experiment, and learn through interaction with the materials, environment and peers. Moyles (1996) emphasised that play is a process with outcomes dependent on the participants. Beaty (1992) advocated that the learning environment should do the teaching as children develop and learn through exploration and participation in appropriate activities.

Sponseller's review of research on play and early education suggests that the physical factors of the play space affect social play, the activity level of the child and the quality of play. She also suggested that "a teacher's direct or indirect facilitation of play affects the type, quantity, and quality of play" (Sponseller, 1982, p. 223).

Therefore, it is important for educators of young children to accept that play is a process of learning which every child can participate in and enjoy. The planning and provision of the play environment, and the thoughtful supply of play materials,



provide the contexts that stimulate and empower children to play, interact and learn. Through their involvement with the physical environment and interaction with others, self-directed learning is made possible and the teacher takes the role of a facilitator of learning.

### **2.5.2 THE ROLE OF THE ADULT IN DRAMATIC AND SOCIODRAMATIC PLAY**

Perceptions on the role of the teacher in children's play have also been subjected to much discussion and debate. Prior to the mid-1960s, the teacher's role which was viewed as setting the stage for children's play and for intervention was discouraged. However, the attitude changed with the study done by Smilansky (1968), which showed results that adult intervention enhanced children's play. Spodek suggested that the teacher not only sets the stage and provides materials; he or she has the role of guiding and intervening in children's play with awareness and sensitivity to their play activities. This would include the "ability to move into the play on occasion, make suggestions, and even become a player if that can be done without distorting it" (Spodek, 1978, p. 246).

Christie (1986) described four strategies for adult intervention which encompass the modelling of play behaviours, verbal guidance (suggestions), thematic fantasy training, and imaginative play training. The importance of the teacher's role in providing a prepared, rich and varied environment with materials that promote creative play was also emphasised.

Sara Smilansky (Smilansky, 1968; Smilansky and Shefatya, 1990) believed that sociodramatic play could bring about improvement in children's social, language and learning skills, and that play training through adult intervention, could enhance children's skills in sociodramatic play. Smilansky developed two main types of intervention, namely, outside and inside intervention. Outside intervention involved the adult in offering comments, suggestions and asking questions to encourage, support and extend children's play. Inside intervention involved the participation of the adult in taking on a role in the play and modelling appropriate behaviours. She conducted an experiment involving low-income immigrant children in Israel. Smilansky's study suggested that certain groups of children have less facility for imaginative role play than others. Children of North African and Middle Eastern parents classified as 'disadvantaged' engaged in sociodramatic play much less frequently and with less ability than children of European parents (Smilansky and Shefatya, 1990). Planned adult intervention was introduced to three experimental groups in terms of the provision of meaningful experiences such as field trips and props to support the play themes of 'The Clinic' and 'The Grocery store'. Teachers were given guidance as how to provide play training for the children. The first experimental group was provided with field trips and visits related to the play themes, and new toys and play materials were made available to the children. The second experimental group was 'taught' by the teachers how to engage in sociodramatic play related to the play themes, using the children's past experiences. The third experimental group was provided with both field trips related to the play themes and adult guidance in sociodramatic play. Smilansky used direct experiences and play training through adult intervention to enhance the children's skills in sociodramatic

play. Planned adult intervention was to focus on teaching the children how to play with minimal interference to the children's play episodes (Smilansky and Shefatya, 1990). The results of the experiment showed no significant improvement in the play level of the first experimental group who did not have direct instruction in play skills. High significance in the improvement of play level was shown in the second and third experimental groups, with the third group's improvement being significantly higher than the second group. The provision of meaningful experiences and planned intervention in terms of providing adequate play materials related to the play themes, as well as the provision of adult intervention by the teachers in the forms of comments, suggestions, demonstrations and participation, seemed to aid the children in self-expression, and encouraged their development in sociodramatic play. Smilansky concluded that the lack of knowledge of specific play skills prevented children from the lower income families from engaging in sociodramatic play, and this can be rectified with the provision of meaningful experiences and play training.

Play training studies have demonstrated that training in sociodramatic play contributed to increase in children's performance on visual and cognitive perspective taking tasks (Rosen, 1974; Smith and Syddall, 1978), and affective perspective taking (Saltz and Johnson, 1974). The results of a large scale training study by Smith, Dalglish, and Herzmark (1981) that monitored and controlled adult-child interaction, indicated positive cognitive gains such as higher scores on the measure of intelligence, creativity, and perspective taking. Although it was suggested that the results have to be confirmed by further research, it was indicated that, as a result of the play training, adult instruction seemed to have affected cognition, and the play

seemed to have increased positive social interaction. Researchers (Smilansky, 1968; Fein, 1981; Rosen, 1974; Sutton-Smith, 1967; Johnson, 1976; Pepler, 1982; Burns and Brainerd, 1979) attempting to study the effects of training children in pretend play have reported findings of the influence that pretend play has on the development of children's cognitive abilities such as, vocabulary, problem solving, divergent thinking and perspective taking. Other play training studies provided evidence of positive effects from adult intervention in children's play and gains in cognitive functioning (Saltz, Dixon, and Johnson, 1977; Smith and Syddall, 1978). Saltz and Johnson (1974) and Saltz, Dixon, and Johnson (1977), demonstrated that training in social pretense of children from economically disadvantaged backgrounds, especially thematic fantasy play, resulted in significant and positive effect on children's ability to score high on sequence and comprehension tests, that required the integrative skill of comprehending the relationship between the pictures, and ordering the pictures to represent a storyline. However, some critics have proposed alternative interpretations of these findings. Saltz and Brodie (1982) noted that representational activities and role playing in pretend play have often been presented as critical to the cognitive development of children. They have questioned results of experiments that claimed effects of training children in pretend play led to greater performance on intellectual and perspective taking tasks, as the control for alternative hypotheses may not have been adequately controlled.

Play tutoring is the effort made by the adult to increase the incidence or quality of the child's play through adult-child interaction (Dempsey and Frost, 1993). Play tutoring studies, in which adults have attempted to enhance the quality of make-believe play

of children from economically disadvantaged families through intervention strategies, such as indirect suggestions to direct modelling, have shown results that play tutoring not only improved the quality of the children's pretend play, but also led to gains in verbal intelligence (Saltz, Dixon, and Johnson, 1977), creativity (Dansky, 1980), group problem solving ability (Rosen, 1974), and perspective taking (Burns and Brainerd, 1979; Smith and Syddall, 1978). A study which was presented by Christie (1983), aimed to discover whether play tutoring results in stable gains in verbal intelligence and creativity. It also attempted to determine whether play or adult contact is primarily responsible for gains from play tutoring. The study involved seventeen preschoolers who were divided into a play tutoring group and a skills tutoring group. Both groups received equal number of tutoring sessions and comparable amount of adult contact. The subjects were assessed on measures of play quality, verbal intelligence, and creativity. Results showed that both groups made stable gains in verbal intelligence and ideational fluency, with no significant increases in play quality. The findings concluded that the play tutoring gains were caused by adult contact, rather than by enhanced levels of play.

Pellegrini (1984) expressed that the presence of the adult tends to affect the level of fantasy play. It is thought that the presence of the adult actually inhibits children's exhibition of fantasy and form of oral language related to fantasy play. On the other hand, peer presence facilitates the level of fantasy play (Pellegrini and Perlmutter, 1989). When children are interacting, props play a role in influencing their fantasy (Pellegrini, 1984). On the whole, children's play tends to follow themes influenced by the play props.

Others who oppose adult intervention in children's play claim that the presence and involvement of adults inhibit children's responses and disrupt their play experiences (Pellegrini and Galda, 1993). Indiscriminate adult intervention can limit possibilities in children's play through the enforcement of adults' ideas and control, which can discourage children's sense of exploration, risk taking, and problem solving.

Some research supports the stand that children's play is enhanced in complexity and elaboration when supported by adults (Smilansky and Shefatya, 1990; Trawick-Smith, 1998). Support given by adults should be appropriate to the children. Adequate play training can help to dispel fears and apprehension that teachers may have, and assist them in understanding their role in children's play, by providing them with knowledge of positive intervention strategies. Many studies of play tutoring have found that it can assist not only the development of play in children, but also in their cognitive and language development (Smith, 1986).

However, the question of how much adult involvement would be beneficial is still subject to debate and differing views. Adults' involvement in children's play can encompass the provision of conditions and materials that influence children's play, as well as, the taking of roles (Schickedanz, Pergantis, Kanosky, Blaney, and Ottinger, 1997). Their involvement need not encroach upon the children's play, as adults have to be skilful in letting children take control of the play.

Some view effective adult roles to mean less involvement and more on encouraging children to engage in play with each other. The commonly identified roles that adults

choose to take in children's dramatic play are the 'onlooker, stage manager, co-player, and play leader' (Enz, 1995). The onlooker's involvement in children's play is minimal with attempts to encourage and provide brief comments. The stage manager supports children's play through props, materials and role suggestions. It is of great importance to determine how adults can be involved to enrich children's play. In order to appropriately support children in their play, teachers should be equipped with adequate training and skills. Appropriately directed play enables learning from the child's present knowledge and capacities. Teachers should be sensitive not to control children's responses and to guide in an empowering manner that can enrich children's play. This can be done through stimulating ideas, providing materials and positive guidance to increase the children's confidence and the dimension of their play (Bennett, Wood, and Rodgers, 1997).

The role of the adult in the preschool, and the comparison between structured educational settings and non-structured free-play settings, continue to be a matter of contrast and controversy. Johnson, Christie, and Yawkey (1999) believed that adult involvement in children's play can result in positive as well as negative effects. The critical factor to consider is how adults are involved in the play. If the interaction between the adult and the children is conducted in a supportive and sensitive manner, play can be enhanced. However, children's play would not be enhanced if the adult constrains the play by taking over the control of the play. Although there seem to be an increasing number of teachers who believe in teacher facilitation in children's pretend play, many are affected by personal beliefs, values, their own experiences and their professional training. Therefore, it is important for teachers to evaluate play

situations and be equipped with appropriate skills to decide on the kind of intervention that would bring about best results in positively developing children's play.

Adult intervention in children's play has been and still is a controversial issue in the beliefs of teachers and early childhood educators. It is essential to note that the main aim of adult intervention in children's play is not to provide continuous adult guidance, but to enhance children's self-directed play. Studies have been conducted on how adults can teach children play skills in their make-believe play. Supporters, who agree with adult intervention, believe that appropriate facilitation can enrich children's play, which in turn, enhances their learning and development (Jones and Reynolds, 1992; Kitson, 1994; Roskos and Neuman, 1993). Through their engagement in supportive interactions with the children, teachers can serve to expand and extend the children's play episodes.

### **2.5.3 THE EFFECTS OF DRAMATIC AND SOCIODRAMATIC PLAY ON CHILDREN'S DEVELOPMENT**

Empirical findings on the effects of dramatic and sociodramatic play on children's development have been shown in studies designed to assess the relationship between sociodramatic play performance and cognitive tasks. Johnson (1976) reported the relationship between make-believe play and tests of cognition and divergent thinking. The study involved a sample of sixty-three children from various social and ethnic groups in a poverty area preschool programme. Estimates of intelligence and divergent thinking were compared with fantasy play behaviour scored for the



occurrence of social fantasy and non social fantasy play. The relation between social fantasy play and divergent thinking and intelligence test performance, is consistent with the view that collective symbolism requires greater cognitive maturity than solitary symbolic play. According to Johnson (1976), although present correlational analyses do not establish the causal direction of the relation between social fantasy and cognitive maturity, some studies have supported the suggestion that social fantasy play enhances cognitive ability. Rosen (1974) and Saltz and Johnson (1974), have presented studies in which children's performance on cognitive tasks improved after fantasy play training in groups.

Rubin and Maioni (1975) conducted a study on play behaviour with sixteen four year old children from middle class families. The purpose was to examine the relationship between Piaget's (1962) play categories (functional play, constructive play, dramatic play and games with rules) elaborated by Smilansky (1968), and the child's role taking and classification abilities. They tested the hypothesis that there is a positive relationship between the incidence of dramatic play measures of role taking skills and classification ability. Each child was observed during free play for one minute on twenty consecutive school days and his behaviour was classified on a checklist according to four play categories. The frequency of dramatic play was positively related to spatial perspective taking and the ability to classify, suggesting that role play experiences facilitate role taking abilities. Helen Lewis who took part in the Smilansky seminar at Ohio State University, 1970 – 1971 (as cited in Smilansky and Shefatya, 1990, p. 37), undertook a study which involved seventy-eight children aged five to six years old (40 girls and 38 boys) from low income families. The

relationship between sociodramatic play and several indices of picture reading performance showed that the child, who can take on a role and carry out a theme in sociodramatic play, is apparently more adept at the interpretation of pictures than the child who does not engage in role play.

There has been a general consensus that sociodramatic play influences social competence as social and moral development takes place when children interact with others. Social negotiations that occur in episodes of pretend play generate an influential and potent realm of experience (Fromberg, 1999). Levy, Wolfgang, and Koorland (1992), did a study to determine whether planned opportunities for enriched sociodramatic play would enhance language performance of kindergarten-age children. The subjects' language with no intervention and then with intervention of enriched sociodramatic play with time, space, props and adult facilitation was documented. The findings supported the conclusion that a functional relationship exists between enriched sociodramatic play and increased language performance of kindergarten-age children. Levy, Wolfgang, and Koorland (1992) concluded that the evidence presented by the study reaffirmed the importance of providing opportunities for enriched sociodramatic play in the preschool curricula, and supported the role of teachers in providing ample realistic props and guiding children towards higher levels of play and language usage. The study also validated the use of sociodramatic play as a child-centred and developmentally appropriate method for enhancing the language performance of kindergarten-age children.

Leslie (1987) noted that there is preliminary evidence to suggest that a large percentage of children with autism have a deficit in 'theory of mind' and they show a lack of pretend play. The evidence may serve to explain the children's metarepresentational deficit and their inability to understand or predict the behaviour of others. Autism has been described as being "characterized by a lack of awareness of others, a preference for objects to people, and an intense desire for sameness" and it was noted that, "most children with autism engage in very little make-believe", and "autism appears to severely limit sociodramatic play" (Trawick-Smith, 2006, p. 267). Two views were shared to explain his comments. One perspective is that, as children with autism lack 'theory of mind' and the ability to think about thought processes of others, they have difficulty engaging in make-believe. Another view communicated by him was that children with autism lack the ability to share a common understanding about something with another person (Trawick-Smith, 2006). As a result of their condition, children with autism have difficulty in playing with others as they are unable to have joint understandings with others in relation to what objects represent and on common play themes.

In a study conducted on symbolic play in children who were severely mentally retarded and in children with autism, it was found that "complete absence of symbolic play is closely linked to the presence of typical early childhood autism" (Wing, Gould, Yeates & Brierley, 1977, p. 175). Singer and Singer (1990) noted that children with autism seem to have deficit in perspective taking and the ability to develop metarepresentations. They also display little capacity for make-believe play. "A final cognitive hypothesis is that the fundamental problem of children with autism is that

they have no ‘theory of mind’ – that is, they cannot appreciate the existence of purely mental states, such as beliefs or desires, and therefore cannot predict or understand behavior based on such states” (Alloy, Riskind, and Manos, 2005, p. 499).

Wing, et al, (1977) commented that impairment in the ability to abstract concepts from experience and to provide these abstractions with symbolic labels, present the child with the problem of not being able to form concepts, hold a conversation beyond using stereotyped remarks and interacting in social situations. Children who lack symbolic play would have difficulty participating in school activities that require imagination and they would also have limited ability to generalise to other situations. Thus, the lack of pretend/symbolic play skills can have significant implications on children’s development, especially in social competence and relationships with others (Wing, et al, 1977; Leslie, 1987; Singer and Singer, 1990; Trawick-Smith, 2006).

The values of play, as well as, pretend/symbolic play, have been articulated by theorists, educators and researchers (Pellegrini, 1984a; Feitelson and Ross, 1973; Dansky, 1986; Sylva, Bruner, and Genova, 1976), that children’s engagement in make-believe and sociodramatic play contributes to the development of their literacy skills, social competence, and cognitive abilities. The effects of the provision of appropriate space, props, and time for make-believe, as well as, supportive adult facilitation (Smilansky and Shefatya, 1990; Johnson, Christie, and Yawkey, 1987) can contribute to enriching dramatic and sociodramatic play experiences for children.

## 2.6 SUMMARY

Curriculum models based on cognitive developmental theories acknowledge that children construct their own knowledge by interacting with their environment. Dramatic play centres provide children with the environment to act out theme-related experiences, and assimilate the knowledge gained into their existing schemata (Howe, Moller, Chambers and Petrakos, 1993). Curriculum experts such as Beaty (1992; 2000) and Dodge and Colker (1996), support the inclusion of dramatic play centres in early childhood settings as they provide opportunities for children to engage in pretend play.

However, there has been and still is strong emphasis on Math, Science and academic preparations for children in preschools taking precedence in preparing children for formal schooling. This is more evident in competitive educational systems mainly based on academic results such as the educational system in Singapore. As a result, educators and parents can be affected in their perception and beliefs on the purpose and value of play in children's learning and preparation for formal schooling. In recent times, there seem to be a change in perspective as educators and policy makers are acknowledging the importance of play. However, the consideration of how play can be woven into the curriculum for children and the provision of adequate time for dramatic and sociodramatic play are some of the critical aspects that are yet to be fully realised.

The new preschool curriculum framework by the Ministry of Education (2003), in Singapore, which promotes exploration and discovery, aims to foster certain dispositions and skills in children that would enhance their creativity and ability in innovation and problem solving. In this new curriculum framework, Dramatic Play is featured as a component of Language and Literacy Development. It is also featured as part of play environments with play and print props to motivate children in aspects of reading and writing. Dramatisation, which involves acting out roles of persons or characters, is featured as one of the strategies for introducing Self and Social Awareness for children to explore moral situations and challenges in interpersonal relationships.

Enhanced learning environments in classrooms and appropriate facilitation from teachers can support children's learning through play. The framework of the new preschool curriculum also emphasises the importance of preparing the classroom environment to invite exploration, creativity and imagination, as well as to encourage positive interactions and active learning. In addition, play is acknowledged as an important medium for learning. The curriculum framework also expresses the importance of valuing play as children's work and acknowledges the role of adults in the guidance and facilitation of play, as these promote the learning process for children.

The role of the adult is aptly summarised by Fromberg as she highlighted that, "Adults who work with young children have an ethical responsibility to provide worthwhile experiences that can help young children feel successful as they construct

many ways to work, play, and think. While sociodramatic play may be a vehicle for extending children's learning, it is worthwhile in its own right as a potentially empowering, integrative, joyful, aesthetic, and humanizing experience. The teacher whose focus and trust rest with children's construction of important integrated connections serves the ethical purpose of education", (Fromberg, 1997, p. 56). Therefore, it is essential that teachers of young children are equipped with the knowledge and skills in designing learning environments, in providing play materials in the classroom that offer enriching experiences for the children, and in facilitating children's play, so as to contribute towards the positive learning and development of children.

With the local framework of the new preschool curriculum in mind, the purpose of this study was to investigate the effects of an enriched environment and teacher intervention on dramatic and sociodramatic play of four to five year old children in Singapore.

The next chapter, Chapter three, will present the research methods used in the design of this study as well as the data collection and procedures employed.

## **CHAPTER THREE: METHOD**

### **3.1 INTRODUCTION**

The purpose of this study was to investigate the effects of an enriched environment and teacher intervention on dramatic and sociodramatic play of four to five year old children in Singapore. Observations of play sessions of the children were videotaped, documented and analysed. This chapter will describe the context, the approach to sampling, data collection and analysis.

### **3.2 SETTING**

In Singapore, preschool services for children consist of care and education in childcare or day care centres which offer full day care, and kindergartens which offer three hour sessions of academically structured programmes. In addition to providing an academically oriented programme, childcare centres offer full day care for children of working parents. Childcare centres and kindergartens are licensed by the Ministry of Community Development, Youth and Sports (MCYS) and the Ministry of Education (MOE) respectively. The preschool classes are organised into age groups consisting of 'nursery' (three to four year olds), kindergarten one or K1 (four to five year olds), and kindergarten two or K2 (five to six year olds).



The three centres that participated in this study were selected from over thirty childcare centres of a major childcare provider in Singapore. The organisation supported the study by allowing its childcare centres to participate in the study.

The primary criteria for selection of the centres were as follows: (a) the centres catered to children predominantly from middle income and lower income families, so the children who participated in the study were from similar social background (b) the teachers of the class for four to five year old children had similar required qualifications to teach preschool children, (c) participating centres had similar physical layout in void decks (an open area on the ground level of a block of flats which can be enclosed and used for childcare centres) of the Housing and Development Board flats, and (d) each centre's class for children aged four to five years had a large enrolment of twenty-five or more children so as to ensure the number of responses would be met.

With information of the centres provided by the organisation, out of the thirty-nine centres, only twelve centres met the selection criteria. One centre was used to carry out the pilot session. Only six of the remaining centres had enrolment of twenty-five or more children in their kindergarten one class for four to five year old children. The three centres used for this study were selected randomly from those that met all the selection criteria. Each centre was then randomly assigned as either the control group or the first experimental group or the second experimental group.

### **3.3 PARTICIPANTS**

It was noted that the size of the play corner in the classroom setting of the childcare centres was appropriate for groups of four children per play session. As this was confirmed in the findings of the pilot session reported on page 76 of this thesis, it was adequate to have four children for each play session. In addition, as each play session was to be conducted for thirty minutes for each subgroup of four children, play sessions for three subgroups of four, with a total of twelve children, would appropriately fit into the schedule of each childcare centre. As two experimental groups and one control group of children were required for the study, with twelve children from each centre, a total of thirty-six children from three childcare centres participated in the study.

The researcher contacted the principals of the three childcare centres and the study was briefly described to them. Visits were made to the childcare centres and the researcher met with the principals and the teachers of the kindergarten one classes for children aged four to five years. Discussion about possible schedules for the data collection was also initiated. A letter describing the focus of the study with the consent form requesting participation was disseminated together with an information sheet to obtain data on educational level, occupation category and income range from participating parents. These were disseminated through the principals and teachers of the respective centres.

Approval was granted by the Ethics Advisory Committee of Durham University prior to the commencement of the study. Written consent was sought from parents of participants using the consent form (See Appendix A for a copy of the consent form) with information on the study provided for them. The consent of the teachers' participation was granted through the organisation that runs the childcare centres. Names of children, parents, and teachers, as well as, all information and records are kept confidential. Letter initials and the use of numbers have been utilised to anonymise the participants and the centres. As the play sessions were conducted in the respective classrooms of the children, the children were familiar with the environment and with the other participants who were from the same class. The only addition to the children's play setting was the inclusion of additional props in the intervention week for the two experimental groups. As the play sessions were conducted in the Dramatic play corner of the respective classes, the children's participation in the sessions did not involve anything radically different from their normal routine of engaging in play.

As the responses and consent for the children's participation in the study obtained from the parents of each centre were more than the required number, twelve children were randomly selected. The thirty-six randomly selected participants from the three centres were predominantly from middle income families with less than ten percent from lower income families, as the children enrolled in the participating centres were predominantly from middle income families.

The twelve children, from the class for four to five year old children, from each participating centre, were randomly assigned to subgroups of four, with equal numbers of boys and girls per group, with the exception of one group which had one more boy than the others. This was because that class had predominantly more boys than girls. With this arrangement, the twelve children from each centre were assigned into a total of three subgroups of four children.

The two teachers who were responsible for each class of children from the three respective centres were told that observations were being made on the children's play behaviour. As English is the official working language in Singapore, it is the main medium of instruction in schools. With the promotion of bilingualism, children are encouraged to learn a second language which can be Chinese, Malay or Tamil. As kindergartens and childcare centres carry out the preschool curriculum in English, the main teacher of the class is the English teacher. The second teacher assists in the supervision of the class and teaches the second language, which is commonly Chinese.

Only the main teacher of the class was involved in the teacher intervention sessions which were implemented for experimental group two. This provided consistency in the intervention sessions.

### **3.4 PROCEDURE**

Prior to the data collection, the researcher visited the classrooms and met with the teachers and the children. The purpose of the meetings was to inform the teachers about the study, to discuss the schedule of activities, and to meet the class of children. These helped set the teachers and children at ease in preparation for the observations of the play sessions.

The study included classroom observations of the children's play sessions with one pre-intervention session and three subsequent sessions for each of the two experimental groups. As for the control group, the classroom observations of the children's play sessions comprised of one initial session and three subsequent sessions with no intervention implemented. In the organisation of the play sessions for the children, the twelve participants of each centre were randomly assigned into subgroups of four children. There were three subgroups of children for the control group, experimental group one and experimental group two respectively. Each subgroup of four children played in the Dramatic play corner for one pre-intervention session and three subsequent play sessions which served as the intervention sessions for the two experimental groups, except for the control group which received no intervention for the sessions.

The children were observed in their natural setting, which is the Dramatic play corner of their classroom. The theme of the Dramatic play corner for the pre-intervention session for all the three centres was the House Corner. This is the basic theme that all

centres and children are familiar with. This basic theme remained for the subsequent play sessions for the children of the control group, as no intervention was included for this group. As for the other two centres with the experimental groups of children, the additional themes for the intervention sessions were: The Clinic and The Grocery Store (mini supermarket). The additional themes with props provided the enriched play environment for the children of the two experimental groups. The enriched play environment with additional themes and props was included for the intervention sessions for the first experimental group of children. In addition to the enriched play environment, teacher intervention was implemented for the children of the second experimental group.

Each subgroup of children of the three centres took turns to play in the Dramatic play corner for a period thirty of minutes per session. A period of five minutes was provided for warming up for the children prior to each video recording. At the end of each session, time was provided for the transition of the groups as each subgroup took turns for the play sessions. This also provided time to get the play corner and equipment ready for the next session.

### **3.5 DATA COLLECTION**

The pre-intervention session of the children from the three centres was carried out on three consecutive mornings of the initial week of data collection. During this week, the centre with the control group of children was observed on the first day, followed by the other two centres with the experimental groups of children, on the second and

third days respectively. During the pre-intervention session of each group (one control and two experimental groups), the researcher and a helper made observations of the children in the Dramatic play corner of each class, with the House Corner as the initial theme for the three centres. Video recordings were made using a stationary video on a stand and a handheld video recorder by another helper. As both helpers were trained in the early childhood field, they, together with the researcher, tried to be as unobtrusive as possible.

In the subsequent weeks, observations of the play sessions were conducted at the three centres, one week after the other for each centre. Each group of children, from the three respective centres, engaged in subsequent play sessions held on three consecutive days. These sessions were implemented to find out whether the additional themes with props and the inclusion of teacher intervention have any effect on the children's play. The centre with the control group was assigned the first week. However, no intervention was implemented for this group. The centre with the first experimental group was assigned the second week, with the intervention of an enriched play environment with additional themes and props. This was followed by the centre with the second experimental group of children. The enriched play environment with the additional themes and props, and the inclusion of teacher intervention were implemented for this group. Teacher intervention comprised of facilitation of play through 'outside intervention' (Smilansky, 1968). In this form of intervention, the teacher remains outside the play episode. Intervention through comments is provided to encourage sociodramatic play behaviours. Questions such as "What are you going to cook for dinner?" or suggestions of "Let's cook some food

for dinner” and straightforward direction such as, “Tell the doctor where it hurts your baby” can be used by the teacher in a non-obtrusive manner. For example, if a child is found playing by herself with a doll and is not interacting with the other children, the teacher might say, “How is your baby today?” The comment may encourage the child to adopt the role of a mother. The teacher’s role is that of a facilitator and not as a participant or director of the children’s play. Examples of teacher intervention from the play sessions will be presented in chapter five which provides a qualitative perspective with analysis.

The pre-intervention play session and the third session of the subsequent play sessions for each centre were video recorded. These play sessions were used to find out whether the additional themes with props and the inclusion of teacher intervention have any effect on the children’s play. Only the first twenty minutes of each videotaped session were used together with observation records to evaluate the six play elements of each child, using The Smilansky Scale for Evaluation of Dramatic and Sociodramatic play. The analyses of these sessions were used to find out whether the additional themes with props and the inclusion of teacher intervention have any effect on the children’s play when comparing the results of the pre-intervention session with the post intervention session.

Apart from the initial play session which was used to obtain the pre-intervention scores of the six elements of play and the third session of the assigned week which was used to obtain the post intervention scores, the researcher carried out observations of the play sessions within the first two days of the assigned week in the



three centres respectively. This was to ensure that each group of children participated in the play sessions in their respective subgroups in the Dramatic play corner for thirty minutes each morning within the assigned week.

As for the experimental groups, one and two, with the enriched environment of the Clinic and the Supermarket/Grocery Store, the researcher worked on the Dramatic play corner of each respective classroom during the weekends to set them up with additional props for the enriched play environment. The additional props were brought into classrooms on the following Monday to ensure controlled use of the props. After each session, the additional props were kept away and returned to the class the next morning.

The play themes for the play corners were similar to the ones used by Smilansky in her study. The House Corner is a familiar corner to all the children as it is a standard setting for the dramatic play corner, apart from themes that change with their respective curriculum. The Clinic and the Grocery Store/Supermarket are generally those that appear in children's play. The play themes were selected based on the following criteria:

- a. The themes allow for both sexes to participate
- b. The themes are those that generally appear in children's play, indicating their overall appeal to children

- c. Roles and behaviour involved in the themes are part of life experiences of the children, at least to some extent.

A natural setting of the Dramatic play corner of each classroom of the individual centres was used for the play sessions. The House Corner theme was the initial theme for all the groups with similar props utilised. The House Corner is a familiar setting to all the children and it is a consistent set up used by all centres. The basic props in the 'House Corner' encompassed cooking stoves with pots, pans and utensils, sink, oven, tables and chairs, shelves with crockery, cutlery, food materials and telephones.

In order to minimise interference from uncontrolled variables, the same additional play themes were developed for the two experimental groups. The play themes were the Clinic (doctor, nurse, patient, medicines, and props) and the Grocery Store/Supermarket (shoppers, cashier, groceries, and props). Both experimental groups one and two were provided with the same set of enriched props for the play themes of:

- a. The Clinic (doctor, nurse, patient, props)
- b. The Grocery Store (shopper, cashier, groceries).

These were set up as additional props for the enriched play environment for the two experimental groups of children. A doll wrapped in a blanket and placed in a basket on a stand which served as a bed, was added to the 'House Corner'. Dress-up clothes such as hats, bags, scarves for girls and hats, jacket for boys were also added to the

Dramatic play corner. 'The Clinic' was an added extension to the 'House Corner' with dress-up clothes and props for the doctor and nurse. Props for 'The Clinic' included dress-up clothes with props for the doctor and nurse such as: instruments from the First-Aid box, stethoscope, thermometer, ear instrument, syringes, bandages and medicine bottles. A table with two chairs and a telephone were also added. As for 'The Grocery Store', the props included a counter with shelves for food items, shopping baskets, bags to put groceries in and a cash register.

The additional props of 'The Clinic' and 'The Grocery Store' were kept away after the play sessions each day. These were then set up each morning in the respective areas within the Dramatic Play corner. This is to ensure that the children play with the additional props only within the specified sessions of half an hour in their subgroups of four each day. The same set of props was used for both of the experimental groups as this provided the consistency of the same props being made available for the children to play.

During the initial play session of each of the three groups of children: experimental groups one and two and the control group, no additional props or teacher intervention was introduced. The control group continued playing with the same props of the 'House Corner' which was used for the initial session for pre-intervention assessment as well as for all the other play sessions, as no new props was added. The additional props of the two new play themes were introduced to the two experimental groups in the assigned week for each centre respectively. In addition, teacher facilitation of play

was introduced to the children of experimental group two, during the play sessions of the assigned week.

**Table 3.1: Differences in experimental groups 1, 2 and control group 3**

Groups	House Corner	House Corner+ The Clinic+ The Grocery Store with props	House Corner + The Clinic+ The Grocery Store with props+ Teacher Facilitation
Experimental Group 1	+	+	-
Experimental Group 2	+	+	+
Control Group 3	+	-	-

Adapted from Smilansky and Shefatya, 1990.

**3.6     INSTRUMENTATION**

The Smilansky Scale for Evaluation of Dramatic and Sociodramatic Play was used for this study as it provided a relevant and comprehensive framework for assessing the children’s dramatic and sociodramatic play. The instrument has been established as reliable and valid mainly as regards to preschool-attending children from the age range of three to eight years (Smilansky and Shefatya, 1990). This instrument was

used to evaluate and rate the six play elements that occurred in the children's play sessions.

The Smilansky Scale for Evaluation of Dramatic and Sociodramatic Play is a criterion referenced assessment tool designed to assess the dramatic and sociodramatic play of young children both quantitatively and qualitatively. Evaluation of each child's play is based on records of the child's activities and verbalisations during a twenty minute period divided into four intervals, or a thirty minute period divided into six intervals (See Appendix B for a copy of the form for scoring the play elements). Ratings of 0, 1, 2, or 3 are assigned to each element, ranging from not present, to present consistently (See Appendix C for a copy of the evaluation categories/play elements with rating guidelines).

Scoring of the child's play is based on six elements (Smilansky and Shefatya, 1990):

1. Imitative Role Play. The child undertakes a make-believe role and expresses it in imitative action and/or verbalization;
2. Make-Believe with Objects. Toys, materials, gestures, verbal declarations are substituted for real objects;
3. Make-Believe with Actions and Situations. Verbal descriptions are substituted for actions and situations (For example, "I'm driving to work");

4. Persistence in Role Play. The child persists in a play episode or at least five minutes;
5. Interaction. There are at least two players interacting in the context of the play episode;
6. Verbal Communication. There is some verbal communication related to the play episode (For example, "I am going to give you an injection").

Smilansky's (1968) research was based on detailed observations of children, aged three to six years, from middle and low socioeconomic groups in thirty-six day care/nursery school context. Analysis of records was based on the six elements of play behaviour. Findings of this pioneer study showed that the style of play was essentially established by the age of three. Each group performed within its characteristic cultural frame of reference by that age. If these characteristics were not present by that age, it appeared that no new elements were added. Smilansky's (1968) study suggested that certain groups of children have less facility for imaginative role play than others.

The inter-rater reliability of the final scale was established by Griffing (as cited in Smilansky and Shefatya, 1990, p. 251) who was a participant in the Ohio seminar of 1970 - 1971 on sociodramatic play. He worked in cooperation with other members of the seminar group guided by Smilansky. Subjects used in the reliability study were

one hundred and sixty-nine randomly selected preschoolers. Consistency of scoring among different raters was determined by pair wise correlations on each of the six play elements. Each correlation coefficient involved sixty pairs of data of ten randomly chosen children for each of six five-minute intervals. Correlations between pairs of raters were consistently high for all play criteria. The six play elements of Imitative Role Play, Make-Believe with Objects, Make-Believe with Situations, Persistence in Role Play, Interaction, and Verbal Communication yielded correlation coefficients of .92,.84,.90,.83,.86,.89, for rater 1 versus rater 2, and .88,.91,.87,.92,.73,.89, for rater 1 versus rater 3. The correlations for total play scores were .88 and .89 (Smilansky and Shefatya, 1990).

With regard to the validity of the scale, the categories of evaluation were directly derived from the definition of sociodramatic play and the description of its elements. The construct validity is demonstrated by the fact that training for sociodramatic play activity based on the same six elements results in considerable improvement in performing that type of play behaviour, as measured by the scale. Additional evidence for the scale's validity is demonstrated in the studies of Lewis and Taler (as cited in Smilansky and Shefatya, 1990, p. 253) that show concurrent relationships between the levels of sociodramatic play as measured by the Smilansky scale and related characteristics of the child. Lewis' study of seventy-eight children in the United States showed high correlations between several variables in picture reading with total play scores and some of the sub scores. Taler used the scale in Israel with ninety-six kindergarten children and found a strong relationship between total sociodramatic play scores and two independently derived measures of social

adjustment for teacher rating and sociometric standing. Evidence for the scale's predictive validity with regard to school achievement was found in Smilansky and Feldman's study (as cited in Smilansky and Shefatya, 1990, p. 253) of forty-nine children and there was considerable correlation between second grade reading comprehension and arithmetic test scores and scores for the six sociodramatic play elements.

The same scale was re-evaluated and used during graduate seminars in the Department of Psychology, Tel Aviv University between 1977 to 1979 (Smilansky and Shefatya, 1990). Each of the six elements was defined in more detail as a four-level scale, ranging from absence of the element (0) to full integration (3). The version presented by Smilansky and Shefatya (1990), is recommended on the grounds of its match with Smilansky's conceptualisation of sociodramatic play and its usefulness as established in the United States as well as in Israel. The purpose of the tool is to serve preschool educators and to facilitate research and intervention studies. It is assumed that every child can be helped to develop his or her play skills to their highest level of elaboration. Thus the instrument is an important step towards the quantification of play behaviour for research as well as for diagnostic and teaching purposes. It has been established as reliable and valid for preschool-attending children with ages of three to eight years.



### **3.7 PILOT SESSION**

A pilot session was conducted at a childcare centre of the same organisation as the participating centres for this study. A group of eight children aged four to five years old was selected by the teacher. The group of eight children was divided into two groups of four children in each group, with each group having two boys and two girls. The principal and the teachers were told that the purpose of the study was to observe children's play. Disruption to the setting and the props were minimal as the main aims of the pilot were to assess the space, the appropriate number of children per play episode, the effectiveness of the recording equipment, the children's responses to the observers, props and the equipment and also, to provide the setting for a trial run of the instrument.

The three observers, who were trained teachers in the early childhood field, and who were in between jobs, assisted in the pilot session. They were told that the study was to observe children's play. A video camera was mounted on a tripod stand to record the children's play, and four observers including the researcher, recorded observational notes of individual children as they played in the Dramatic play corner for thirty minutes.

The first group of four children played for thirty minutes in the Dramatic play corner using the existing props of the classroom. The play session was recorded on the video camera and by the observers.

After the first group of children had completed their play session of thirty minutes, it was noted that, as the video camera was mounted in a distance, the voice reception was faint and the recording was limited as the children moved out of the visual field of the fixed camera. In view of this, for the second group of children, the video camera was handheld by one of the observers to record the play session so that she could move a little closer to capture the sound and the various areas that the children moved as they played with the props. The other two observers and the researcher undertook observation notes for the play session of the next group of children.

The children were very familiar with the existing props and the roles that were organised for the corner. The children in the second group were very excited with the addition of a new prop, a food stand with cooking toys and materials. This resulted in no interaction with the existing materials that were in the play corner of their classroom, as they were very interested in the new props comprising cooking materials and toys of the food stand. The children interacted with the materials and with each other.

The researcher and the observers had a total of four meetings to prepare and to review the pilot session. Findings of the pilot session and attrition of the observers presented some modifications that were necessary for the actual implementation of the study.

The findings were:

1. The classroom space for the play corner would have to take into consideration the additional props for the experimental groups. Most of the centres of the organisation

are in the void decks of the Housing and Development Board (HDB) flats and have similar physical layout.

2. The size of the play corner was appropriate for groups of four children per play session.
3. Two video tape recorders would have to be utilised to ensure the capture of the children's verbalisations and the range of view as children move from one area to the next. A clip-on microphone would have to be added to the handheld recorder and one of the observers would undertake the role of video taping the play sessions. The other video recorder would be mounted on a stand to capture a range of views of the play corner. One of the observers undertook the task of video taping the sessions as she had the technical experience of managing the video camera.
4. Initially, the children were very conscious of the video recorder and the observers even though we tried to be as unobtrusive as possible. As the children began to be engrossed with the play materials and their play, they became less conscious of the recording equipment and the observers.
5. Consideration has to be given to the additional props for the experimental groups so that they are appropriate and easily added to each respective existing play corners.
6. As the video recordings were unsatisfactory and the observational notes were not comprehensive enough, the trial run of the rating instrument with four raters served

as a preliminary exercise. With the subsequent attrition of two observers due to work commitments, the researcher and one rater did the coding and rating of the study.

### **3.8 TRAINING OF THE RATER**

One rater was trained to rate the play elements using the Smilansky Scale for Evaluation of Dramatic and Sociodramatic play. The researcher used the guidelines and the form for observation and scoring developed by Smilansky (Smilansky and Shefatya, 1990) to explain and demonstrate the coding procedure. Videotaped recordings and observation records were used to discuss about the play elements and how they should be coded.

The researcher and the rater coded play sessions of ten randomly selected children using the videotaped recordings and observation records. Inter-rater reliability was established with 40 pairs of data of the six play elements. The six play elements are: Imitative Role Play, Make-Believe with Objects, Make-Believe with Actions and Situations, Persistence in Role Play, Interaction, and Verbal Communication. The inter-rater reliability coefficients for the six play elements were established at .88, .81, .96, .88, .83, and .86.

**Table 3.2: Correlations of raters and play elements**

Six Play Elements	Rater 1 vs. 2
Imitative Role Play	.88
Make-Believe with Objects	.81
Make-Believe with Actions and Situations	.96
Persistence in Role Play	.88
Interaction	.83
Verbal Communication	.86

Each correlation coefficient involved 40 pairs of data of the scores of ten randomly selected children for each of four five-minute intervals. The correlation for the total play scores is .94. These correlations are well within the range of reliability established with this instrument. For example, Griffing (as cited in Smilansky and Shefatya, 1990, p. 253) established inter-rater reliability with correlations of .92,.84,.90,.83,.86,.89, and .88,.91,.87,.92,.73,.89, for the six play elements and .88 and .89 for the total play scores.

The percentage of agreements was computed by dividing the number of agreements by the number of disagreements plus agreements and multiplied by one hundred, resulted in 88.7%.

### **3.9 TRAINING OF TEACHER INTERVENTION**

As teacher intervention together with the enriched play environment of additional themes and props were implemented for children of the second experimental group, the two teachers of the class met with the researcher for an introductory session which was held prior to the week of the interventions. The purpose of the session was to increase awareness and to provide information on appropriate teacher facilitation in children's play. Information notes (See Appendix D for a copy of the guidelines for adult/teacher intervention and facilitation) with guidelines and examples on intervention strategies to encourage children's participation in play were prepared and provided to the teachers.

As only the main teacher of the class was involved in the teacher intervention sessions with all the subgroups of children of experimental group two, subsequent training sessions were conducted with her. The researcher met with the teacher prior to the implementation of the interventions to discuss about the type of intervention used and to provide guidelines on when and how intervention could be used. The two main types of intervention developed by Smilansky (1968) were outside and inside intervention. However, for the purpose of this study only outside intervention was implemented, as the main aim of the intervention was not to provide the children with continuous adult guidance in their play, but to enrich the children's self-directed play. It was communicated to the teacher that intervention for the study was to focus on the teacher as a facilitator rather than as a participant.

Planned adult intervention was concentrated on teaching how to play and to interfere as little as possible in the content of the play activity. The point was to help the child to be able to play using any and all content that he or she might come across. It was emphasised that intervention by the teacher could be carried out through suggestions, comments, questions, demonstrations and other appropriate means. The teacher was to encourage and to enable the child to do what the child wanted to do, and to facilitate when necessary. After the play sessions for each day of the intervention period, the researcher reviewed with the teacher the interventions that were carried out.

### **3.10 CODING OF THE PLAY ELEMENTS**

Video recordings of the initial pre-intervention and the subsequent third play sessions (post intervention sessions for the two experimental groups) of all the groups were made. Only the first twenty minutes of each videotaped session were used together with observation records to evaluate each child's play. The twenty minute segment was divided into four 5-minute play intervals. Each child was rated for every five-minute of four play intervals on the six play elements using The Smilansky Scale for Evaluation of Dramatic and Sociodramatic play.

**Table 3.3 Pre-intervention and Post intervention data and analysis**

Groups	Children	Pre-intervention			Post intervention		
		Play sessions in sub groups	Play episodes analysed	Play intervals analysed	Play sessions in sub groups	Play episodes analysed	Play intervals analysed
Experimental Group 1	12	3	12	48	3	12	48
Experimental Group 2	12	3	12	48	3	12	48
Control Group 3	12	3	12	48	3	12	48
Total	36	9	36	144	9	36	144

A rating of 0, 1, 2, or 3, was assigned to each element for every interval of the twenty-minute play session. When the play element is not present, a rating of 0 is assigned. The rating of 1 is assigned when the element is present but to a limited degree. A rating of 2 is assigned when the element is present to a moderate degree and a rating of 3 is assigned when the element is present consistently and in many situations during the child’s play.

**3.11 DESIGN AND ANALYSIS**

The purpose of this study was to investigate the effects of an enriched environment and teacher intervention on dramatic and sociodramatic play of four to five year old children in Singapore. Observations of play sessions of the children were videotaped and documented. The Smilansky instrument was used to rate six play elements of



three groups of children: one control group with no additional enriched props or intervention; one experimental group with an enriched play environment; and another experimental group with an enriched play environment and teacher intervention. Scores of the six play elements were examined and the pre-intervention and post intervention results were compared to identify effects of the interventions.

The six elements of play were analysed using the Pearson correlation coefficients, paired t tests, analysis of variance, and chi-square. Paired t-tests were conducted within the control and experimental groups comparing pre-intervention with post intervention. Evaluation of the presence or absence of dramatic/sociodramatic play, as well as the level of utilisation will provide a clearer perspective on the quality of play. Apart from the quantitative analyses of the data from the instrument, qualitative data of the play sessions are presented and evaluated in chapter five. This serves to complement the quantitative data with illustrative examples by providing additional information on the children's play in terms of quality, involvement and other aspects of play.

This chapter has reviewed the research methods used in the design of this study as well as the data collection and procedures employed. The next chapter, Chapter four, will address the results obtained from this study.

## **CHAPTER FOUR: RESULTS**

### **4.1 INTRODUCTION**

This chapter presents the results from the statistical analysis of data collected on the effects of an enriched play environment and teacher intervention on dramatic and sociodramatic play of four to five year old children in Singapore. The results from the statistical analysis will be used as a basis for discussion in the following chapters five and six. In chapter five, the results will be discussed in conjunction with the qualitative perspective and analysis. Reference to the results will also be made in the discussion of chapter six.

The Smilansky instrument was used to rate the six play elements of two experimental groups and one control group of children. Scores of the six play elements were examined and the pre-intervention and post intervention results were analysed to identify effects of the interventions.

### **4.2 DATA ANALYSES**

The six elements of play were analysed using paired t-tests, analysis of variance, and chi-square. Overall paired t-test of the six play elements was conducted to compare the pre-intervention with post intervention data of the three groups of children. Paired t-tests were also used within each experimental and control groups to compare the pre-intervention and post intervention data of each group.

One-way Analysis of Variance (ANOVA) was conducted to examine the pre-intervention group differences, as well as the post intervention group differences. Data of the six play elements were used to analyse the between group differences for the pre-intervention and the post intervention.

An evaluation of the presence and absence of dramatic and sociodramatic play of the three groups of children in terms of percentages in the categories of play provided an indication of whether there was an increase in the level of play. Imitative Role Play was used as the key defining element for the presence of dramatic and sociodramatic play.

Percentages were used to compare the categories of play and Chi Square was used to analyse the data through the identification of the presence of the required play elements and by comparing the pre-intervention with the post intervention results.

#### **4.3 FINDINGS**

Results from overall analyses of the thirty-six children are presented together with the analyses of the individual groups of twelve children from the three participating childcare centres. The three groups of children comprised of experimental group one, experimental group two and the control group.

#### **4.3.1 MEANS AND STANDARD DEVIATIONS**

Evaluation of each child's play is based on the six play elements from the Smilansky's instrument for Evaluation of Dramatic and Sociodramatic play which are: Imitative Role Play, Make-Believe with Objects, Make-Believe with Actions and Situations, Persistence in Role Play, Interaction and Verbal Communication. Each child is rated on a play episode of twenty minutes. The twenty-minute segment was divided into four 5-minute play intervals. The six play elements were rated for every five-minute play interval with ratings of 0, 1, 2, or 3 assigned to each element accordingly. When the play element is not present, a rating of 0 is assigned. The rating of 1 is assigned when the element is present but to a limited degree. A rating of 2 is assigned when the element is present to a moderate degree and a rating of 3 is assigned when the element is present consistently and in many situations during the child's play. As a result, each play element will have four scores for the four play intervals. The means and standard deviations were obtained from the scores of four intervals within each play episode. A summary of the overall means and standard deviations of each of the six play elements of all the children, before and after the implementation of the enriched play environment and the teacher intervention, are presented in Table 4.1 and Table 4.2.



**Table 4.2    Means and Standard deviations of the six play elements – post intervention**

Play elements	Means	Std. Deviations
Role play-role play2 mean	.7639	.69422
Objects-objects2 mean	2.7083	.46483
Situatns-situatns2 mean	.4861	.59445
Persist-persist2mean	1.3333	.67876
Interact-interact2 mean	1.8056	.58892
Comm-comm2 mean	1.5000	.71714

N = 36.

Notes:

Role play-role play2	=	Imitative Role Play
Objects-objects2	=	Make-Believe with Objects
Situatns-situatns2	=	Make Believe with Actions and Situations
Persist-persist2	=	Persistence in Role Play
Interact-interact2	=	Interaction
Comm-comm2	=	Verbal Communication

**4.3.2        OVERALL COMPARISON OF THE SIX PLAY ELEMENTS**

In order to obtain an overview of the play elements, an overall paired t- test of the six elements was conducted to compare all the thirty-six participants’ rating scores of the

pre-intervention session with the post intervention session. The results of the t-test which compared all the children’s overall mean scores of the six play elements for the pre- intervention and the post intervention sessions, approached significance in three of the six play elements.

Imitative Role Play yielded a result of role play mean – role play2 mean:

t = -3.397, p < .05 as shown in table 4.3.

**Table 4. 3      Overall Paired t- test of Imitative Role Play**

Play element	Mean	Std. deviation	t	df	Sig. (2-tailed)
role play_mean- role play2mean	-.45833	.80954	-3.397	35	.002*

N = 36 \*p < .05

Make-Believe with Objects yielded a result of objects mean– objects2 mean:

t = 2.890, p < .05 as shown in Table 4.4.

**Table 4. 4      Overall Paired t-test of Make-Believe with Objects**

Play Elements	Mean	Std. deviation	t	df	Sig. (2-tailed)
objects_mean – objects2_mean	.22917	.47575	2.890	35	.007*

N = 36 \*p < .05

Make-Believe with Actions and Situations yielded a result of situations mean – situations2 mean:  $t = -3.918, p < .05$ . The summary of this analysis is presented in Table 4.5.

**Table 4.5      Overall Paired t-test of Make-Believe with Actions and Situations**

Play Elements	Mean	Std. deviation	t	df	Sig. (2-tailed)
situatns_mean - situatns2_mean	-.35417	.54240	-3.918	35	.000*

N = 36

\* $p < .05$

**4.3.3    COMPARISON OF PLAY ELEMENTS WITHIN  
EXPERIMENTAL GROUP ONE**

Paired t-tests were also used within the individual groups of experimental group one, experimental group two and the control group, comparing pre-intervention scores with the post intervention scores of each of the six elements respectively.

The paired t-test within experimental group one with the enriched play environment, comparing pre-intervention with post intervention scores, showed significant results in four of the six play elements. The four play elements were: Imitative Role Play, Make-Believe with Objects, Make-Believe with Actions and Situations, and Persistence in Role Play.



The paired t-test for the element of Imitative Role Play yielded a result of role play mean – role play2 mean:  $t = -3.938$ ,  $p < .05$  in Table 4.6.

**Table 4.6      Paired t-test of Imitative Role Play within experimental group one**

Play Elements	Mean	Std. Deviation	t	df	Sig. (2-tailed)
role play_mean – role play2mean	-.77083	.67805	-3.938	11	.002*

N = 12

\* $p < .05$

The paired t-test for the element of Make-Believe with Objects yielded a result of objects mean - objects2 mean:  $t = 2.932$ ,  $p < .05$  as shown in Table 4.7.

**Table 4.7      Paired t-test of Make-Believe with Objects within experimental group one**

Play Elements	Mean	Std. Deviation	t	df	Sig. (2-tailed)
objects_mean - objects2_mean	.41667	.49237	2.932	11	.014*

N = 12

\* $p < .05$

As for the element of Make-Believe with Actions and Situations, the result was situations mean – situations2 mean:  $t = -3.173$ ,  $p < .05$  as shown in Table 4.8.

**Table 4.8 Paired t-test of Make-Believe with Actions and Situations within experimental group one**

Play Elements	Mean	Std. Deviation	t	df	Sig. (2-tailed)
situatns_mean - situatns2_mean	-.52083	.56867	-3.173	11	.009*

N = 12 \* $p < .05$

The result of the paired t-test for the element of Persistence in Role Play yielded a result of persistence mean – persistence2 mean:  $t = -2.260$ ,  $p < .05$ , which is shown in Table 4.9.

**Table 4.9 Paired t-test of Persistence in Role Play within experimental group one**

Play Elements	Mean	Std. Deviation	t	df	Sig. (2-tailed)
persist_mean - persist2_mean	-.47917	.73437	-2.260	11	.045*

N = 12 \* $p < .05$

**4.3.4 COMPARISON OF PLAY ELEMENTS  
WITHIN EXPERIMENTAL GROUP TWO**

The paired t-test conducted within experimental group two with the enriched play environment and teacher intervention, showed significance in one of the six play elements. This was the element of Imitative Role Play.

The paired t-test for the element of Imitative Role Play yielded a result of role play mean – role play2 mean:  $t = -3.254$ ,  $p < .05$  as presented in Table 4.10.

**Table 4.10 Paired t-test of Imitative Role Play within experimental group two**

Play Elements	Mean	Std. Deviation	t	df	Sig. (2-tailed)
role play_mean – role play2mean	-.66667	.70978	-3.254	11	.008*

N = 12

\* $p < .05$

**4.3.5 COMPARISON OF PLAY ELEMENTS FOR THE CONTROL GROUP**

As for the control group with no intervention implemented, the paired t-test conducted within this group to compare the scores of the six play elements showed results that were not significant.

#### **4.3.6 COMPARISON OF PLAY ELEMENTS OF THE EXPERIMENTAL GROUPS**

The pre-post intervention comparison of the play elements of the respective groups of children presented some interesting results. Experimental group one with the intervention of the enriched play environment showed significant results in four of the six play elements. Contrary to the expectation that experimental group two with the intervention of the enriched play environment and teacher intervention will yield more significant results, the results of this group showed significance in only one of the six play elements. However, both groups showed significant results in a common play element which is Imitative Role Play. Imitative Role Play is a key element that determines the presence of dramatic play. A qualitative perspective of the results will be presented in the next chapter with further comments to be addressed in the discussion chapter.

#### **4.3.7 COMPARISON OF PLAY ELEMENTS BETWEEN GROUPS**

A one-way Analysis of Variance (ANOVA) was conducted on the overall mean of the six play elements using group (control versus experimental) and time (pre-intervention versus post intervention). In the one-way ANOVA using pre-intervention scores to examine the between group differences, the Test of Homogeneity of Variances showed significance in two out of the six play elements. The two play elements were Imitative Role Play ( $F = 3.493, p < .05$ ) and Persistence in Role Play ( $F = 3.310, p < .05$ ). As the assumption was violated, the additional Robust Tests of

Equality of Means were applied. As a result, no significance was noted in all the six play elements and the assumption that the groups were the same was confirmed. A one-way Analysis of Variance (ANOVA) using post intervention scores to examine the between group differences revealed no level of significance in the six play elements. This may be indicative that a larger sample size may yield more significant results. In the following sections, the categories of play which were defined using some of the play elements as defining criterion, showed some significance when the results of the pre-intervention was compared with the post intervention.

#### **4.4 CATEGORIES OF PLAY**

In Smilansky's experiments designed to improve sociodramatic play, she attempted to illustrate the effects of the experimental treatments through the provision of meaningful experiences and planned teacher intervention, by classifying the children into categories of play before and after the experiment, using the presence of Imitative Role Play as the key defining element for dramatic play. She explored the hypotheses that each of the experimental groups will improve its play behaviour, with more children engaging in dramatic and sociodramatic play and the results of the treatment groups will vary in degrees of play behaviour improvement. Smilansky and Shefatya (1990) used three categories of play to illustrate play levels of the children. The three play levels used for the evaluation of her two hypotheses employed the categories of: No Play, Dramatic Play and Good Sociodramatic Play. The children were placed in the categories according to the presence or absence of defining play elements.

In this study, the three categories of play to determine the presence of dramatic and sociodramatic play were also used to evaluate the play levels of the children. Percentages were used to compare the children's play levels and Chi square was used to compare the pre-intervention with the post intervention results. Play levels of the children were defined according to the following categories of the children's play:

- 'No Dramatic Play,' when the score for their Imitative Role play is zero, indicating the absence of dramatic play and sociodramatic play.
- 'Dramatic Play,' when there is a score for Imitative Role Play which indicates the presence of Dramatic Play. Dramatic Play refers to the presence of any role play whether it was demonstrated through verbal declaration or make-believe or imitative actions.
- 'Good Sociodramatic Play' comprised of Imitative Role Play and Interaction together with two other play elements. In this study, the other two play elements were: Make-Believe with Objects and Persistence in Role Play, which were included as the third and fourth elements.

#### **4.4.1 CATEGORY OF 'NO DRAMATIC PLAY' AND 'DRAMATIC PLAY'**

The thirty-six children who participated in the study were assigned to the categories of play according to the presence of the play elements of the respective categories. When the categories of 'No Dramatic Play' or 'Dramatic Play' were used, the children who were placed in the category of 'No Dramatic Play' received a zero in

the play element of Imitative Role Play, as they did not engage in any role play during the play episodes.

Table 4.11 shows the categories of play that the children were classified according to the results yielded in the pre-intervention, which is their play session before intervention. The results showed a higher percentage in the category of ‘No Dramatic Play’ in comparison to the category of ‘Dramatic Play’ for both experimental groups 1 and 2.

Table 4.12 shows the categories of play that the children were classified according to the results yielded in the post intervention after the enriched play environment and teacher intervention were implemented. These results showed that the percentage of children who engaged in ‘Dramatic Play’ increased in experimental groups 1 and 2. However, no difference was noted in control group 3 (the group without the enriched play environment and teacher intervention) both in the pre-intervention, as well as in the post intervention results.

**Table 4.11 Overall Percentage of No Dramatic Play/ Dramatic Play before intervention**

<b>Groups</b>	<b>No Dramatic Play (Role play = 0)</b>	<b>Dramatic Play (Role play not = 0)</b>
Experimental 1	8 (66.7%)	4 (33.3%)
Experimental 2	7 (58.3%)	5 (41.7%)
Control 3	6 (50%)	6 (50%)
Total % within group	21 (58.3%)	15 (41.7%)

**Table 4.12 Overall Percentage of No Dramatic Play/ Dramatic Play after intervention**

<b>Groups</b>	<b>No Dramatic Play (Role play = 0)</b>	<b>Dramatic Play (Role play not = 0)</b>
Experimental 1	1 (8.3%)	11 (91.7%)
Experimental 2	2 (16.7%)	10 (83.3%)
Control 3	6 (50%)	6 (50%)
Total % within group	9 (25%)	27 (75%)

#### **4.4.2 CATEGORY OF ‘GOOD SOCIODRAMATIC PLAY’**

Smilansky and Shefatya (1990) defined ‘good’ sociodramatic play as comprising the primary play elements of Imitative Role Play and Interaction with any two additional elements. In this study, apart from Imitative Role Play and Interaction, the two additional elements used to define good sociodramatic play were Make-Believe with



Objects and Persistence in Role Play. Children who presented with these four elements were placed in the category of ‘Good Sociodramatic Play’.

In the pre-intervention play session before the introduction of the enriched play environment and teacher intervention, the overall percentage results for the category of ‘Good Sociodramatic Play’ showed lower percentages as compared to the category of ‘No Dramatic Play’, especially for the children in experimental groups 1 and 2. The results are shown in Table 4.13.

**Table 4.13      Overall Percentage of Good Sociodramatic Play before intervention**

Groups	No Dramatic Play (Role play = 0)	Good Sociodramatic Play (Role Play, Interaction, Make-Believe with Objects, Persistence in Role Play)
Experimental 1	8 (66.7%)	4 (33.3%)
Experimental 2	7 (58.3%)	5 (41.7%)
Control 3	6 (50%)	6 (50%)
Total % within group	21 (58.3%)	15 (41.7%)

In the post intervention play session after the introduction of the enriched play environment and teacher intervention to experimental groups 1 and 2, the overall percentage results for the category of ‘Good Sociodramatic Play’ showed higher percentages as compared to the category of ‘No Dramatic play’, especially for the children in experimental groups 1 and 2. The results are shown in Table 4.14.

**Table 4.14 Overall Percentage of Good Sociodramatic Play after intervention**

<b>Groups</b>	<b>No Dramatic Play (Role play = 0)</b>	<b>Good Sociodramatic Play (Role Play, Interaction, Make-Believe with Objects, Persistence in Role Play)</b>
Experimental 1	1 (8.3%)	11 (91.7%)
Experimental 2	2 (16.7%)	10 (83.3%)
Control 3	6 (50%)	6 (50%)
Total % within group	9 (25%)	27 (75%)

The comparison of the pre-intervention and post intervention results showed that the overall percentage of children engaging in ‘Good Sociodramatic Play’ increased in the post intervention evaluations for experimental groups 1 and 2 with the enriched play environment and teacher intervention. No difference was noted in the comparison of results for Control group 3.

#### **4.4.3 CHI-SQUARE ANALYSIS**

Chi-square tests were used to analyse the data from the categories of play of the three groups of children. The two categories of play that were used were ‘No Dramatic Play’ when role play was absent, and the other category of play was ‘Good Sociodramatic Play’ when all the four elements of play were present. The four elements of play used in this study are the primary elements of Imitative Role Play and Interaction with the two additional elements of Make-Believe with Objects and Persistence in Role Play.

The pre-intervention results of the children’s play levels are presented in Table 4.15; children’s play level before intervention. No significant level was noted in the Chi-square test result for the pre-intervention data of the three groups of children.

The post intervention results of the children’s play levels are presented in Table 4.16; children’s play level after intervention. Chi-square analysis yielded significance in the post intervention results and was noted as  $X^2=6.22, p < 0.05$ .

A summary of the pre-post play level scores across the three groups is presented in Table 4.17.

**Table 4.15     Children’s play level before intervention by group**

			Play level		Total
			1.00	2.00	
Group	1.00	Count	8	4	12
		% within group	66.7%	33.3%	100.0%
	2.00	Count	7	5	12
		% within group	58.3%	41.7%	100.0%
	3.00	Count	6	6	12
		% within group	50.0%	50.0%	100.0%
Total	Count	21	15	36	
	% within group	58.3%	41.7%	100.0%	

Notes.

Group 1.00, Experimental group 1, N=12

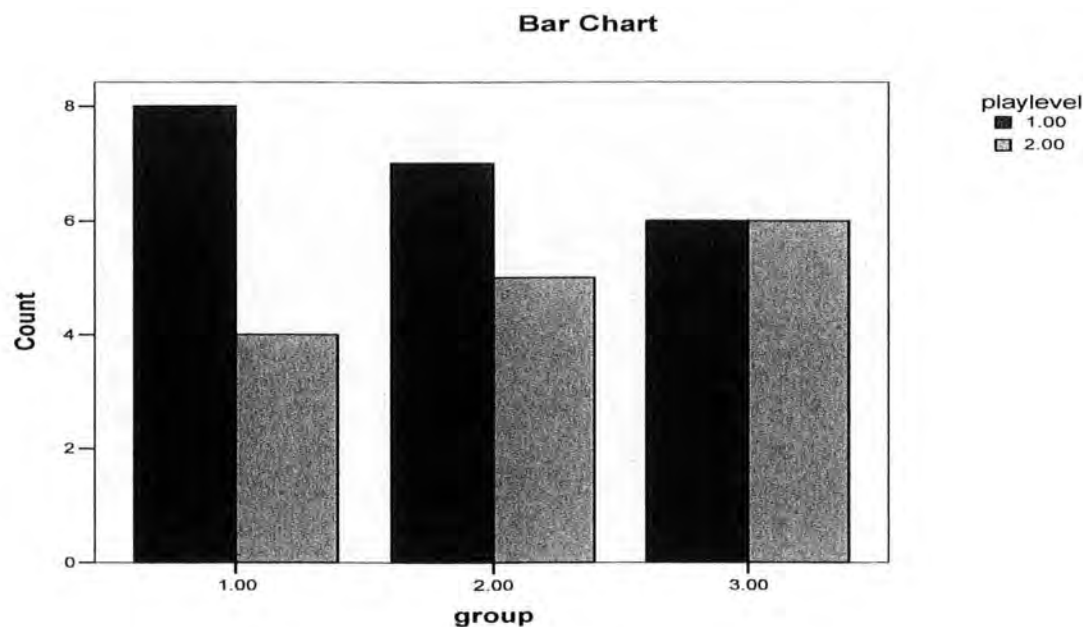
Group 2.00, Experimental group 2, N=12

Group 3.00, Control group 3, N=12

Play level 1.00 = Absence of sociodramatic play

Play level 2.00 = Presence of sociodramatic play

Figure 4.1 Children’s play level before intervention by group



**Table 4.16     Children’s play level after intervention by group**

			Play level2		Total
			1.00	2.00	
Group	1.00	Count	1	11	12
		% within group	8.3%	91.7%	100.0%
	2.00	Count	2	10	12
		% within group	16.7%	83.3%	100.0%
	3.00	Count	6	6	12
		% within group	50.0%	50.0%	100.0%
Total	Count	9	27	36	
	% within group	25.0%	75.0%	100.0%	

Notes.

Group 1.00, Experimental group 1, N=12

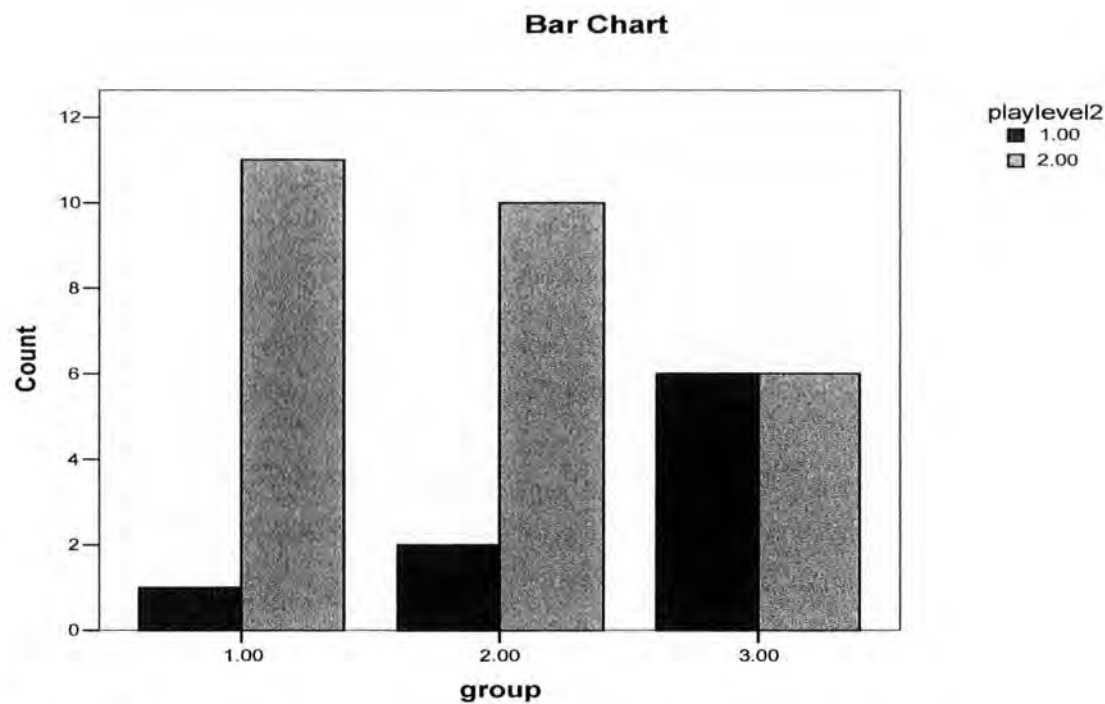
Group 2.00, Experimental group 2, N=12

Group 3.00, Control group 3, N=12

Play level 1.00 = Absence of sociodramatic play

Play level 2.00 = Presence of sociodramatic play

**Figure 4.2     Children’s play level after intervention by group**



**Table 4.17     Pre-Post Play level Scores across Groups (Four Elements)**

Group			Post_Play Level		Total
			1.00	2.00	
1.00	Pre_playlevel	No RP (1)	1	7	8
		All Four Elements (2)	0	4	4
	Total		1	11	12
2.00	Pre_playlevel	No RP (1)	2	5	7
		All Four Elements (2)	0	5	5
	Total		2	10	12
3.00	Pre_playlevel	No RP (1)	5	1	6
		All Four Elements (2)	1	5	6
	Total		6	6	12

The pre-post play level scores across the three groups of children show that the children's play levels increased in the post intervention results, with more children engaging in 'Good Sociodramatic Play' from experimental groups one and two, after the enriched play environment and teacher intervention were implemented.

#### **4.5     SUMMARY**

This chapter presented the results from the statistical analysis of data collected on the effects of an enriched environment and teacher intervention on the children's play. Further comments and implications of the results will be discussed more fully in the following chapters of five and six. Chapter five will attempt to provide the qualitative perspective of the effects of the enriched play environment and teacher intervention on the dramatic and sociodramatic play of the children with references to the results. Examples of pre and post intervention vignettes of the children's play will be presented and discussed with the aim to provide more information on the factors that contributed to the impact of the children's play.

## **CHAPTER FIVE: A QUALITATIVE PERSPECTIVE**

### **5.1 INTRODUCTION**

This chapter strives to provide additional insight into the children's play through a qualitative perspective. The effects of the enriched play environment and teacher intervention on the children's play presented in the results of chapter four will be reviewed and discussed.

A total of eight vignettes comprising four sets of the children's pre-intervention and post intervention play episodes will be presented. In each set, a pre-intervention play episode will be presented with a post intervention play episode of the same group of children. The vignettes will be discussed using the results presented in chapter four of 4.3.3 and 4.3.4 with comparisons of the play elements within each respective experimental group.

Four of the vignettes comprising two sets of pre and post intervention play episodes based on the enriched play environment will be presented first with the analyses of these vignettes. Before the presentation and discussion of the next four vignettes which were based on the enriched play environment and teacher intervention, examples of teacher intervention with analyses will be presented. The purpose of this section was to present what was meant by teacher intervention, to illustrate the different forms it can take and to show the responses of the children to it. Following



this section, the other four vignettes based on the enriched play environment with the addition of teacher intervention will be presented and discussed.

The eight vignettes, comprising four sets of examples of the children's play episodes before and after the intervention, will be used to compare and illustrate effects of the enriched play environment and teacher intervention. Each set of examples will comprise of a pre-intervention play interval and a post intervention play interval of the same subgroup of children. The names of the children have been substituted with fictitious names in all the vignettes to anonymise the participants. Every vignette will comprise a five-minute interval of the children's twenty-minute play session which consisted of four play intervals. For the purpose of consistency, the play interval used for the pre- intervention will be coordinated with the play interval used for the post intervention of the same subgroup of children. For example, when the first play interval (Interval 1) was used for the pre-intervention vignette, the first play interval of the post intervention vignette was used for comparison.

A summary of the chapter will be provided after the presentation and discussion of the second four vignettes which were based on the enriched play environment and teacher intervention.

This chapter presents illustrative examples which complement the data in the previous chapter and serve to inform the research questions further. The vignettes were discussed in line with the play elements and examples of the children's play were provided. Imitative Role Play, which is a key defining element of dramatic and sociodramatic play, was shown to be the most significant play element in the results

presented in chapter four. Examples presented in this chapter demonstrated the active participation of the children in the enactment of a variety of roles through the themes provided. The examples of teacher intervention and the responses of the children provided some insight into understanding the perspectives of the teacher and the children in the play episodes. However, as the context of play is dynamic and complex, the insight may not be generalised into all children's play. The purpose of this chapter was to provide a qualitative perspective of the study. It does not however provide definitive 'proof' of the effects of the enriched play environment or teacher intervention.

## **5.2     ENRICHED PLAY ENVIRONMENT: EFFECTS ON CHILDREN'S PLAY**

As presented in 2.5.1 of chapter two, educators and research have supported the influence that enriched environments and props can have on children's play (Petrakos and Howe, 1996; Smith and Connolly, 1980). Dempsey and Frost (1993) suggested that the environment provides the setting for children to interact and learn through play. Petrakos and Howe (1996), as well as, Smith and Connolly (1980), noted that settings can have considerable influence on the type, the level, the amount, the duration and the quality of children's play.

The physical environment such as the spatial features and the arrangement of equipment in the classroom can also affect children's play (Phyfe-Perkins, 1980; Smith and Connolly, 1980). The provision of theme-related props and materials can encourage and enrich the dramatic and sociodramatic play of children (Griffing, 1983; Walling, 1977; Woodard, 1984). Woodward (1984) found that when a number

of theme corners were set up near the location of the permanent housekeeping centre, the children engaged in more sociodramatic play. Other research findings also indicated that large amounts of group play are related to play materials such as housekeeping props, dress-up clothes, dolls, and toy vehicles (Hendrickson, Strain, Tremblay, and Shores, 1981).

In 2.5 of chapter two, it was also cited that according to Forys and McCune-Nicolich (1984), some contributing factors towards promoting sociodramatic play would be the provision of several props to support the pretend activity, the themes from familiar daily activities, the roles and the appropriate pretend social interactions.

The effects of the enriched play environment on the children's play were evident in the experimental groups as shown in the results presented in chapter four. During the intervention sessions, additional themes, of the Clinic and Grocery Store with props, were implemented as the enriched play environment for the children in the first and second experimental groups. In addition to the basic theme of the House Corner, both experimental groups explored the additional themes with props in their play sessions. Objects and actions such as suggestive gestures and sounds sometimes backed by verbal explanations were used symbolically. Continuity of meaningful actions was used by the children to reinforce one another in their play episodes. As a result, the children expanded their repertoire of dramatic and sociodramatic play that encompassed themes from the House Corner, the Clinic and the Grocery Store.

### **5.3 VIGNETTES OF THE ENRICHED PLAY ENVIRONMENT**

Four vignettes comprising examples of the children's play episodes before and after the intervention were used to compare and illustrate effects of the enriched play environment. Each set of examples is comprised of a pre-intervention play interval and a post intervention play interval of the same subgroup of children. These will be presented as Vignette 1 pre-intervention with Vignette 2 post intervention, and Vignette 3 pre-intervention with Vignette 4 post intervention, of two subgroups of children from experimental group one with the enriched play environment. Following the first four vignettes, a review to compare the pre-intervention with the post intervention vignettes will be presented with a discussion on the play elements.

#### **VIGNETTE 1**

Pre-intervention

Theme: House Corner.

Experimental group 1: Subgroup 2, Interval 1.

Children: Denis, Joan, Roy and Xavier.

Denis, Joan, Roy and Xavier are at the shelves of the cooking area. Denis gets a cutting board and a knife. Xavier picks up the receiver of the phone, puts it to his ear and presses the buttons of the base unit. Roy and Joan are exploring the items on the shelves.

Denis: "Cut the fruits. Get the fruits" (Denis tells himself as he joins Roy and Joan at the shelves. He selects a fruit and moves to the table. He sits at the table and

cuts his fruit using the knife and the cutting board. Roy has also taken a cutting board and a knife to the sink area and he is cutting vegetables).

Xavier: "Swish..." (Xavier is making the sound of water as he pretends to fill a cup and spoon at the sink. He uses the spoon to pour water into the cup. Then, he brings another cup to the sink, pretends to turn on the tap, washes the cup and returns it to the shelf).

Denis: "Okay" (Denis brings the cutting board and knife to the floor and pretends to cut the fruit. He returns the items to the shelves and joins Joan. Joan places a plate of food into the oven. Xavier is exploring items at the shelves. Roy is still cutting vegetables near the sink).

Denis: "Hey, this haven't clean yet. That one clean" (As Joan opens the oven door to take out her plate of food, Denis checks the items and tells her about them. Then, he puts an apple into the oven and closes the door).

Roy: "Excuse me" (Roy brings a plate of food to the oven).

Roy: "The 'veg' " (Roy puts the plate of food into the oven, while Joan holds the door for him. He closes the oven door and turns the knobs on the panel).

Joan: "Ding!" (Roy pretends to turn the knob of the oven and Joan makes the sound of a bell to indicate that the food is ready. Xavier takes a cup and spoon and pretends to feed himself. He washes them in the sink and returns them to the shelf. Joan takes a plate of food out of the oven).

Roy: "Hey, your food" (Roy calls out to Joan as he takes his plate of food out of the oven).

Joan: "Not my food" (She turns to tell Roy and closes the oven door).

Denis: "Haven't Ding!" (Denis tells Roy and Joan as he moves to join them at the sink area. Roy is cuttings some food next to the sink).

Denis: "Got some more. Here got some more?" (Denis looks into the sink and asks Joan. Joan joins him at the sink, pretends to turn on the tap, and pretends to wash her hands).

Joan: "Excuse me" (She tells Denis as she bends to get a plate of food from the cupboard below the sink. Joan brings her plate of food to the oven).

Xavier: "Ding!" (Xavier brings a plate of food and joins Joan at the oven. He lets Joan put in her plate of food. Then he puts in his plate of food, closes the door and pretends to turn the knobs).

Joan: "Ding!" (Joan tries to open the oven door but Xavier does not allow her to do so).

Xavier: "Didn't ding yet" (Xavier indicates that the food is not ready as he holds onto the door refusing to open it. Roy and Joan return their food items to the shelves and go to the stoves. Roy puts a cabbage into the saucepan and pretends to cook, shaking the pan over the stove. Joan stirs a pot at the stove with a ladle. Then she covers the pot with a lid).

Denis: "Ding!" (Denis goes to the oven and opens it. Xavier takes out a plate of food and returns the food items to the shelf. He washes the plate at the sink, making the sound of water and returns the plate to the shelf).

Xavier: "That is Joan's" (Xavier tells Denis as Denis takes a plate of food from the oven and brings it to the table).

Denis: "This must cut" (Denis goes to Joan at the stove and shows her his knife and a vegetable. Xavier brings a watermelon to the sink and pretends to wash it. Roy is cutting food next to the sink).

Denis: "Take one. Must cut your things" (He gives Joan one of his cutting boards. Joan takes it and puts it near the stove. She puts a bowl into the oven. Denis

goes to the table, sits down and pretends to cut garlic using a knife and a cutting board).

Denis: “Joan, Joan can come here? You must help me also” (Joan goes to the table with a cutting board and knife).

Denis: “Take a sword, lah!” (Denis says aloud as Joan approaches the table. She sits next to Denis at the table and pretends to cut the food items. Denis and Joan continue to cut their food at the table. Roy is cooking at the stove using a pot and a ladle).

Joan: “Okay” (Joan tells Denis and they return their food items with the cutting boards and knives to the shelves).

## **VIGNETTE 2**

Post intervention

Themes: House Corner, the Clinic and the Grocery Store

Experimental group 1: Subgroup 2, Interval 1.

Children: Denis, Joan, Roy and Xavier.

Joan is at the House Corner folding the blanket for the doll. Denis wears the doctor’s coat and goes to the House Corner to join Joan. Roy dresses up with a vest and a hat and is at the Grocery Store with a basket selecting items from the shelves. Xavier joins Roy with a basket at the Grocery Store.

Joan: “My baby” (She picks up the doll, adjusts its cap and carries it while waiting for Denis. Denis is folding the doll’s blanket on the floor. He gives the folded blanket to Joan. Joan places the doll on the folded blanket and carries the doll

in her arms. Xavier is checking out his grocery items at the cash register. Roy is waiting in line with his basket of groceries. When Xavier has finished checking out his items, Roy proceeds to check out the items from his basket).

Denis: "Pretend I call you okay?" (Denis tells Joan and he runs to the table at the Clinic).

Joan: "Okay."

Denis: "Hello" (At the Clinic, Denis picks up the receiver of the phone and calls Joan).

Joan: "Hello" (She picks up the receiver of the phone at the House Corner, presses the buttons and answers).

Denis: "Hello, your baby is sick?"

Joan: "No, he is dead."

Denis: "No, say he is sick."

Joan: "Okay."

Denis: "His eyes are red?"

Joan: "Hah?"

Denis: "His eyes are red? Bring him here."

Joan: "Okay, bye, bye" (Joan and Denis replace the receivers of their phones. Joan, playing the role of the mother, carries the baby (doll) with the blanket and goes to the Grocery Store. At the Grocery Store, Xavier is checking out more groceries and Roy is putting his groceries into a shopping bag).

Joan: "I want to buy something" (Joan tells Xavier and Roy at the Grocery Store. Xavier is putting his groceries into a shopping bag).

Denis: "Pretend you are coming, Okay?" (Denis tells Joan).



Joan: "Okay" (Joan places the doll on the table of the House Corner and wraps it with the blanket. She carries the doll to the Grocery Store).

Denis: "Pretend his teeth are also painful, okay?" (Denis tells Joan).

Roy: "You have money?" (He asks Joan as she tries to get some money from the cash register).

Joan: "No, I don't have money. I put one dollar here" (Joan tells Roy as she takes a note and points to the cash register).

Denis: "You are here" (He tells Joan as she puts the doll on the table at the Clinic. Denis sits at the table with a thermometer in his hand. He places the thermometer under the doll's arm to check the temperature).

Xavier: "I want to buy pineapple" (At the Grocery Store, Xavier tells Roy as he takes the fruit and puts it into his bag).

Joan: "Nah, bandage" (At the Clinic, Joan takes a roll of bandage from the trolley and gives it to Denis).

Denis: "Where is he hurt?"

Joan: "I don't know."

Denis: "I will give him medicine. Bring the medicine" (Joan takes two bottles from the trolley and gives them to Denis at the table).

Denis: "One bottle is enough" (Joan returns a bottle to the trolley).

Joan: "Dee! Dee! Dee!" (She makes sound indicating that the thermometer is ready).

Denis: "It is ready" (He takes the thermometer and looks at it).

Denis: "38, 8".

Xavier: "Watermelon" (At the Grocery Store, Xavier takes a watermelon from the shelf and moves towards the cash register. Joan joins Xavier and Roy at the

Grocery Store. She takes two milk cartons from the shelf and checks them out at the cash register).

Denis: "Pretend you buy watermelon for me okay?" (Denis tells Joan).

Joan: "Nah, I give him milk" (She brings the two milk cartons that she has bought and puts them on the table at the Clinic).

Denis: "You didn't buy anything for me?" (Denis asks Joan and she takes the milk cartons and returns to the Grocery Store. At the Grocery Store, Joan takes a basket, puts the two milk cartons into it and looks at the groceries on the shelves. Xavier and Roy are at the cash register checking out their groceries and using the money for payment and change).

### **VIGNETTE 3**

Pre-intervention

Theme: House Corner.

Experimental Group 1: Subgroup 3, Interval 3.

Children: Gary, Joy, Sam and Jean.

Joy: "Jean, Jean, look" (Joy calls out to Jean as she takes a plate of food out of the oven).

Jean: "Hurry up, we are going to eat" (Jean says aloud. She goes to Gary and takes a plate of food to the table. Gary, who is washing some fruits at the sink, carries a plate of fruits and follows Jean to the table. Joy joins them and brings two cups to the table).

Jean: "We want the small ones, don't take the big ones. No space for the big ones"

(Jean tells them as she continues to bring food to the table. Joy and Gary follow her. Sam is at the oven).

Jean: "Big ones, why you take them out?" (Jean returns two plates of food to Gary).

Gary: "Nah, this one" (Gary offers Jean another plate of food).

Jean: "I said I don't want big ones. Smaller ones" (Jean refuses to take the plate. Jean and Joy continue to bring food from the cupboard to the table. Gary returns food items to the shelf. Sam is still using the oven).

Sam: "Okay" (He takes a plate of food from the oven and brings it to the sink area).

Jean: "Is there water inside?" (Jean asks Gary).

Gary: "There is water inside already" (Gary takes a takes a potato, puts it into a bowl and adds a spoon to it. Joy wants to take the bowl from him but he refuses).

Gary: "Hey, ask Jean. Jean, is this alright?" (He shows the bowl to Jean).

Jean: "Okay" (Gary brings the bowl to the table).

Gary: "Sit, I sit here" (Gary indicates where he wants to sit at the table).

Joy: "Then, what about me?"

Gary: "Jean will sit here" (Gary indicates to the chair next to him).

Joy: "Don't want to sit" (Joy shows that she is upset, turns and walks off).

Jean: "There is rice. There is also soup, okay?" (Jean covers the pot with a lid at the stove and walks towards Gary and Joy).

Jean: "Ask them to add water. Shh...Shh" (Gary brings four cups to the table. Jean goes to the table; she uses a hand gesture and sound as she pretends to pour water into the cups. Gary brings two more cups to the table. Sam takes a plate of food from the table to the cupboard. Joy is taking some food from the shelf. Gary is at the stove. Jean goes to the shelf and brings cutlery to the table).

Jean: "Why did you take them all away?" (Jean asks Sam as she brings more food to the table. Sam has been taking food away from the table. Gary brings more cutlery to the table. Joy is at the oven. Jean goes to Sam and takes some food from the cupboard to the table).

Sam: "Only a few" (Sam tells Joy as she approaches him and wants to take some food from the cupboard).

Sam: "Only a few." (Sam repeats himself. Jean goes towards the cupboard and Sam allows her to take some food items).

Jean: "Hey let me through. Hey, not this. This one also" (Jean pushes Joy away as she tries to get the food items. Joy joins Gary who is placing cutlery into the bowls of food at the table).

Sam: "Okay, enough" (Sam tells Jean and she carries two bowls of food to the table).

Jean: "Two people sit on the floor okay?" (Jean gestures to Gary and Joy as she tells them).

Gary: "Three also can. If you say that, then that cup is for her and this cup is for me" (Gary takes two cups from the table and goes to the stove. He takes the lid off the pot and puts it back onto the pot. Then, he brings the two cups back to the table. Sam is still at the cupboard. He puts food into the cupboard and rearranges the food items).

Jean: "Mama sits together with Daddy" (Jean goes to the stove, uses the ladle to scoop from the pot to the bowl. She brings the bowl to the table. Joy watches her and follows her to the table).

## **VIGNETTE 4**

Post intervention

Themes: House Corner, the Clinic and the Grocery Store.

Experimental Group 1: Subgroup 3, Interval 3.

Children: Gary, Joy, Sam, and Jean.

Gary and Joy are at the Clinic. Gary is playing the role of the doctor and Joy is the nurse. Sam and Jean are at the House Corner. Jean is playing the role of the mother to the baby (doll) and Sam is playing the role of the father and he is helping to take care of the baby. Jean carries the baby (doll) and goes to the Grocery Store.

Sam: "It is ready" (He is referring to the doll's blanket that he has folded and placed into the basket. He brings the basket to Jean and follows her to the Clinic).

Jean: "Change now" (Jean carries the baby to the Clinic and places it on the table. Joy stands up and moves towards Gary as he hangs up the doctor's coat. Sam follows Jean to the Clinic. Jean takes a thermometer from the table).

Sam: "What is this?"

Jean: "A thermometer" (Joy wears the stethoscope and returns to the table. She carries the doll, places the end piece of the stethoscope on the doll and taps on the doll's chest. Jean takes the thermometer and walks towards Gary).

Jean: "I'm nurse. I will help you to take whatever you ask. You say, 'Take the thermometer.'"

Gary: "Take the thermometer" (He continues to adjust the coat on the hanger).

Sam: "I want our baby" (He takes the baby (doll) from Joy and places it on the table. Jean goes over and uses the thermometer to check the baby (doll). Sam carries

and hugs the baby (doll). Joy gets the thermometer from Jean and checks the doll with it while Sam carries the doll).

Jean: "I have to get the medicine quickly. Doctor, do you want medicine?" (She goes to the trolley to look for it).

Joy: "Yes."

Jean: "I'll help you get the medicine" (Jean gets three bottles from the trolley. Sam, still carrying the doll, joins Jean and takes a bottle from the trolley).

Jean: "We have already. This is her medicine" (She takes the bottle from Sam and continues to select items from the trolley. Joy joins Jean at the trolley and gets the bottles from her. Gary is at the Grocery Store selecting items from the shelves. Sam puts the baby (doll) into his basket and carries it to the House Corner. Then, he picks the baby (doll) up and carries it. Sam puts the baby (doll) into the doll's bed and covers it with the blanket. He goes and joins Gary at the Grocery Store).

Joy: "Baby's medicine" (At the Clinic, Joy takes a bottle and returns to sit at the table. Jean picks up the stethoscope from the trolley, wears it and places it back onto the trolley. She picks up a thermometer and moves towards Joy).

Joy: "Can your baby eat sweets?" (Joy asks Jean as she turns the cap of a bottle).

Jean: "Hah? Sweets?" (Jean takes a bottle, goes to Sam who was checking the baby (doll) at the House Corner).

Jean: "Can your baby eat sweets?" (Jean asks Sam at the House Corner and returns to Joy at the Clinic. Gary is checking out his basket of groceries at the cash register and putting them into a shopping bag).

Jean: "His baby has teeth" (Jean tells Joy).

Joy: "Can your baby eat sweets?" (Sam joins Joy at the table of the Clinic. Sam shakes his head. He takes a bottle and joins Jean at the House Corner. Jean is using the phone).

Joy: "Baby where, Baby?" (Joy takes off her white coat and leaves it at the dress up area. Joy brings a syringe with her and goes with Sam to the doll's bed. Jean goes to the Clinic. Sam carries the baby (doll) while Joy injects the doll with a syringe. Then, she wears the cap for the baby (doll). Joy returns to the Clinic and sits at the table. Jean wears the white coat and approaches Joy at the table).

Jean: "Now, I am the doctor."

#### **5.4 ANALYSIS OF THE CHILDREN'S PLAY WITHIN EXPERIMENTAL GROUP ONE WITH THE ENRICHED ENVIRONMENT**

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With reference to 4.3.3 of chapter four, paired t-tests were used to compare the pre-intervention scores with the post intervention scores of each of the six play elements of experimental group one with the enriched play environment with props. Comparison of the six play elements presented results that showed significance in four of the play elements, namely, Imitative Role Play, Make-Believe with Objects, Make-Believe with Actions and Situations and Persistence in Role Play.

Improvement in using verbalisation for imitation, make-believe and planning was noted especially so in the additional themes of the Clinic and the Grocery Store. Language related to these two themes constituted the main ingredients for the play. Verbal expression was used as a means of role identification and in Make-Believe

with Objects and Make-Believe with Actions and Situations. Participation in Imitative Role Play was shown to have increased in the post intervention sessions.

**a Imitative Role Play**

Imitative Role Play was absent in the pre-intervention play episode presented in Vignette 1 as the children were predominantly engaged in individual activities of cutting fruits and vegetables, as well as cooking at the oven and stoves. In Vignette 1, Denis and Roy participated individually in cutting fruits and vegetables. Xavier involved himself mainly at the sink with filling up cups and washing them. Joan was mainly at the oven putting in and taking out plates of food. The children, Denis, Joan, Roy and Xavier presented themselves as being busy during the pre-intervention play episode. They were doing activities on their own using the cooking props and food. Even though there was some intermittent interaction, there was absence of a particular play theme.

During the children's play in the pre-intervention play episode of Vignette 3, Imitative Role Play was hardly present, except towards the end when Jean refers to herself as the mother, "Mama sits together with daddy". She was shown to be taking charge of the play episode by cooking for the children and directing them in their actions.

In comparison, the post intervention play episodes presented in Vignettes 2 and 4 showed improved presence of Imitative Role Play. Imitative Role Play



was demonstrated through Denis taking the role of the doctor and Joan taking the role as the mother of the baby (doll). In the post intervention play episode of Vignette 2, role play of the doctor (Denis) and the mother (Joan) was sustained for the entire play interval. Denis and Joan engaged in a dialogue of their roles on the phone. Denis: "Hello, your baby is sick?" Joan: "No, he is dead"; Denis: "No, say he is sick"; Joan: "Okay"; Denis: "His eyes are red?" Joan: "Hah?" Denis: "His eyes are red? Bring him here". In addition, Joan extends her role to the Grocery Store to buy milk for the baby, "Nah, I give him milk".

As for the post intervention play episode of Vignette 4, improvement in role play was evident as most of the children were involved in different roles at the House Corner, the Clinic and the Grocery Store. Examples of roles that the children participated in were: Jean as a mother with her baby (doll) goes to the Grocery Store, then to the Clinic; Sam, the father, "I want our baby", carries and hugs the baby (doll) at the Clinic and puts it to bed in the House Corner; Joy as the nurse getting "Baby's medicine".

As role play involves the simultaneous process of acting, being, feeling and behaving, the children experience the perspective of being someone else and they also experience the understanding of empathy in the roles. Smilansky and Shefatya (1990) believed that in the enactment of a variety of roles, children are provided with experiential variation and flexibility in both doing and feeling.

## **b Make-Believe with Objects**

The element of Make-Believe with Objects was present extensively in both the pre-intervention and post intervention play episodes which was demonstrated in all the Vignettes 1 to 4. In the pre-intervention play episodes of Vignettes 1 and 3, Make-Believe with Objects involved only the use of food items and cooking props. In the post intervention play episodes of Vignettes 2 and 4, Make-Believe with Objects included the additional props that were provided in the enriched play environment. Make-Believe with Objects was observed in the use of props such as: using the doll as a baby and bottles as medicine, taking groceries to check out at the cash register, making imaginary phone calls to someone, and pretending to pour water into cups.

The main difference between the pre and post intervention play episodes for the element of Make-Believe with Objects was that, the children's play in the pre-intervention episode involved the use of the available food items and cooking props, while in the post intervention episode the children included the additional props of the Clinic and the Grocery Store in their play.

## **c Make-Believe with Actions and Situations**

Make-Believe with Actions and Situations was predominantly absent in the pre-intervention play episodes of Vignettes 1 and 3. However, with the additional themes and props in the post intervention sessions, the children were shown to be more engaged in Make-Believe with Actions and Situations

in their play. An example of this element was demonstrated in Vignette 2 as the doctor in the Clinic attended to the baby (doll) who was sick. This element was also evident in the post intervention play episode of Vignette 4 as a sick baby (doll) needed medicine from the Clinic.

**d Persistence in Role Play**

In comparison to the individualised activities undertaken by the children in the pre-intervention play episodes of Vignettes 1 and 3, the children showed improvement in persistence in their role play in the post intervention episodes of Vignettes 2 and 4. Evidence of persistence in sustaining the play episode was demonstrated in the post intervention Vignette 2. This was shown when Denis played the role of the doctor interacting with Joan the mother of the sick baby (doll). They sustained their respective roles for the entire play episode beginning with a phone dialogue about the sick baby, followed by a visit to the Clinic for the doctor to check the sick baby, and the mother, Joan going to the Grocery Store to buy milk for the baby, and later returning to the Clinic.

In Vignette 4, Sam who played the role of father to the baby (doll) sustained the play episode by taking care of the baby. Improvement in the children's play was noted in terms of sustaining the play through their roles such as, the role of the father taking care of the baby (doll) and Joy, the nurse attending to the baby in Vignette 4.

**e Interaction and**

**f Verbal Communication**

Interaction means that the child directs an action or words to another child within the play episode. Verbal Communication encompasses statements, questions or answers related to the play episode. As these two elements are related, they will be reviewed together. The presence of these two elements was noted in most of the post intervention play episodes of the children.

In the pre-intervention play episode of Vignette 3, each child was participating in activities individually with little interaction. The children were mainly playing with the food items and they were engaged in cooking activities. Verbalisation was mainly directed at telling each other what to do such as, “We want the small ones, don’t take the big ones. No space for the big ones” in Vignette 3. Interaction was shown in the post intervention play episode of Vignette 4, as the children interacted through the roles that they were enacting such as, the nurse, the father of the sick baby (doll) and the mother of the sick baby (doll).

Verbal Communication in the post intervention Vignettes 2 and 4 was shown to be related to the themes that the children were engaged in the play episodes. In Vignette 2, the element of Verbal Communication was evident through the dialogues between the doctor (Denis) and the mother (Joan) of the sick baby (doll) over the phone and at the Clinic. In Vignette 4, Verbal Communication was mainly demonstrated through the theme of the Clinic when Joy, the nurse

was getting medicine for the baby and Jean, who was the mother in the process of changing roles to be the nurse, tried to help to get the medicine. Jean: “We have already. This is her medicine”; Joy: “Baby’s medicine”.

## **5.5 TEACHER INTERVENTION**

The purpose of this section is to show what is meant by teacher intervention and to illustrate the different forms it can take. Examples of teacher intervention with analyses will be presented. The responses of the children to teacher intervention can also provide some information on how teachers can react or adjust their strategies in attempts to meet the needs of the children.

Teacher intervention was implemented for the children of experimental group two during the intervention sessions. However, the teacher only intervened when it was necessary to assist or involve children in the play episodes, or to facilitate role play through suggestions, questions or comments. At all times, teacher intervention was to be non obtrusive. As a result, there were play episodes whereby the teacher did not need to intervene and played the role of an observer.

For the purpose of this study only outside intervention was used with the teacher as a facilitator with the focus to enrich the children’s self-directed play. In line with what Spodek (1985) believed as presented in chapter two in 2.5, the role of the teacher was to provide materials for dramatic play in the classroom with play activities revolving around various social roles to stimulate play, and by guiding play through suggestions

or questioning techniques. With this in mind, teacher intervention was implemented for the three subgroups of children in experimental group two.

The teacher was mainly an observer of play and only attempted to assist the children in an unobtrusive manner in answering questions that they may have, or to suggest their involvement in play. Teacher intervention served to illuminate possibilities for the child and to enable him or her to see the use of objects with regard to functions, and how various people are related to their jobs. It also served to suggest involvement in play. The following are examples of teacher intervention during the post intervention sessions with the children of experimental group two. As the children engaged in the play sessions in subgroups of four with four play intervals per session, the following are examples taken from the sessions.

### **Subgroup 1**

Children: Alex, Lana, Ethan and Clare

Interval 1: No teacher intervention.

Interval 2: Teacher intervention.

Ethan was at the Grocery Store with Lana and they were taking turns to check out items at the cash register. Ethan, holding onto a cereal box, turned to the teacher and asked, "Teacher, inside got something?" (He asked the teacher about the cereal box). The teacher answered and retreated, and the child continued to explore the items in the Grocery Store.

Interval 3: Teacher intervention.

Alex was exploring the props in the dress up area. He took a scarf and asked the teacher, "Teacher, what's this?" Teacher intervention was in response to the child's question in providing clarification on the uses of the prop but the decision on how to use it was left to the child.

Clare was standing between the Clinic and the Grocery Store watching Lana and Ethan playing at the Clinic. The teacher approached Clare and asked her, "Clare do you want to buy some things?" Clare smiled and the teacher retreated to let Clare explore the possibility.

However, Alex, who had just received clarification about the scarf from the teacher, turned to Clare who was next to him to involve her in play by putting a scarf around her and giving her a handbag. Clare smiled in response and allowed Alex to wrap the scarf around her and she also accepted a handbag from him. Clare picked up the doll and carried it and Alex assigned her the role of 'Mummy' by giving her another bag and telling her, "This is for Mummy".

Interval 4: No teacher intervention.

On the whole, the four children explored the three theme areas and played with little teacher intervention during the play episodes. Teacher intervention was present only in two of the four play intervals. In interval 3, after receiving clarification from the teacher regarding the scarf, Alex involved Clare in a play episode.

## **Subgroup 2**

Children: Zachary, Yvonne, Jim and Cora

Interval 1: No teacher intervention

Interval 2: Teacher intervention.

Jim and Yvonne were at the Clinic engaged in a play episode. Jim was the doctor and Yvonne was the mother of the baby (doll) who was being examined by the doctor. Cora, who had earlier bought some groceries from the Grocery Store, has moved to the Clinic. She handed a bag of groceries to Yvonne but Yvonne refused the offer. Cora attempted to interfere with Jim and Yvonne's play despite their protests. The teacher waited for the children to manage on their own before intervening. As Cora continued to interfere by taking the props at the Clinic and using them, the teacher intervened by suggesting to Cora, "Let the doctor do his work. Mummy can go and cook". Cora laughed and walked off. She returned to the Clinic table, took an instrument, played with it briefly and left. Cora went to the Grocery Store to join Zachary. She took a bag and proceeded to select grocery items from the shelves.

Interval 3: Teacher intervention requested but not implemented.

Cora and Yvonne were engaged in a play episode at the Clinic. Cora (Doctor) is examining the baby (doll) with Yvonne (Mother) sitting next to her at the table. Zachary joined them wearing the nurse uniform. He stood next to Cora holding a notepad which was hanging down. He used a crayon to draw on the notepad and at the same time, he was saying "Write, write, write". Yvonne turned to the teacher and



said, "Teacher, Zachary anyhow write". Zachary responded by laughing and saying, "No, lah". He folded the notepad and wrote with the crayon saying, "I write something". He continued to write in an engrossed manner. In the meantime, Cora and Yvonne continued with their play episode of doctor, mother and baby (doll).

Then, Zachary stopped and showed Cora his notepad saying, "Nah!" and laughed. Cora (Doctor) was holding the syringe to inject the baby (doll). She looked up at the teacher and said, "Teacher, Zachary anyhow write". Cora continued with her play episode with Yvonne, and Zachary continued with his writing. As he was not interfering with Cora and Yvonne's play, the teacher did not intervene but continued to observe their play.

Interval 4: No teacher intervention.

On the whole, the children explored mainly the new themes and props of the Clinic and the Grocery Store with little intervention from the teacher during their play episodes. However, the theme of family was present in the role play of mother and baby at the Clinic. Teacher intervention in interval 2 was used in view of assisting in solving the interference of a play episode. However, in interval 3, although two children requested teacher intervention, it was not implemented as the child referred to was not interfering in the play episode and the other children were involved in their play.

### **Subgroup 3**

Children: Will, Jill, Scott and Jenny

Interval 1: Teacher intervention.

Jenny and Jill were at the table of the House Corner. Jill was feeding the baby (doll) 'porridge' from a bowl. Will and Scott were at the stove area of the House Corner. They were filling a pot with food items. They continued to fill the pot, played with the food items and laughed together.

Teacher intervened asking Scott, "Are you cooking for the mummies?" (Referring to Jill and Jenny), and the teacher retreated. Scott put some food into a bowl, gave it to Will and continued playing with the food. Teacher's suggestion was not taken.

Interval 2: Teacher intervention.

Scott left the other 3 children who were at the House Corner and moved to the Clinic. At the Clinic, he explored the instruments that were on the trolley.

The teacher approached Scott and asked, "Scott, are you the doctor?" bending down to his eye level. Scott took a pair of tongs, showed it to her and asked, "What is this?" The teacher took the tongs and demonstrated how to use it to pick up the gauze dressing. Then, she left the tongs on the trolley and retreated to let the Scott continue to explore the props. At that point, Jenny walked past with the doctor's coat. Scott called out to her, "Give me to wear". Jenny handed the coat to Scott saying, "Nah".

Scott took the coat, wore it and buttoned up. He went to the trolley and used the tongs to pick up a bandage.

#### Interval 3: Teacher intervention.

Scott and Jenny were at the Grocery Store. They were having a dispute as both of them wanted to be the cashier. Jenny approached Scott and asked, "You want to be cashier?" Scott replied, "I want". Jenny responded, "Okay". Jenny went to the Grocery Store, turned to Scott and said, "I be the cashier. You buy things". Scott refused and replied, "No, I be the cashier" and walked to the cash register at the Grocery Store. Jenny responded, "No", taking a basket from the shelf, she hands it to Scott saying, "You take this". Scott refused to take the basket and remained at the cash register.

The teacher intervened and asked, "Scott, do you want to look at Will's leg? It is not good". The teacher turned to Will, who was standing near Scott, and said, "Will is here". Scott looked at Will, smiled and repeated, "Will is here". The teacher asked Will, "Can you tell the doctor, Will?" Will ignored them and moved off to hang up the doctor's coat. Scott turned to the teacher and said, "Cashier?" The teacher responded, "You want to be the cashier" and she retreated. Scott turned to the cash register and played with it. Jenny, with her basket, walked past Scott saying, "I go buy things". She went and selected items from the shelves.

#### Interval 4: Teacher intervention.

Scott was wearing the doctor's coat and seated at the table of the Clinic. He was playing with the torch. Will joined him and asked, "Can you lend me a while please?"

Will played with the torch. Will shone the torch at Scott and said, “Ah”. Scott opened his mouth and said “Ah”, and Will shone the torch into his mouth.

Jill and Jenny were at the House Corner. Jill was carrying the baby (doll) and walking around. The teacher intervened and asked Jill, “You want to see the doctor?” Jill replied, “My baby don’t want”. She walked away and fed the baby (doll) with corn.

The teacher moved to the Clinic. Scott is seated at the table playing with the torch and Will is standing nearby watching. The teacher asked, “Will, you want to see the doctor?” Will shook his head and the teacher retreated. Later, Scott shone the torch at Will, and asked, “Say ah”. Will opened his mouth and let Scott shine the torch into his mouth.

A little further on in the play interval, Scott was still at the table of the Clinic exploring the instruments. Will was sitting on the floor next to Scott. The teacher intervened suggesting, “Let the doctor check you, Okay?” Will sat on the chair next to Scott. The teacher called, “Doctor Scott” and she retreated. Scott tried to check Will’s ear with the instrument but Will moved to the floor. Scott pretended to inject Will with a syringe but Will did not respond. Will made his way to the trolley of instruments that was next to Scott. Will took the ear instrument and checked his own ear with it.

On the whole, teacher intervention was demonstrated in all the four intervals of the play episodes. Although the children explored the three theme areas, persistence in play episodes was noted mainly in the House Corner with the two girls, Jill and

Jenny, playing 'Mummy' and family to the baby (doll). Some play was noted in the Grocery Store and at the Clinic. Teacher intervention was noted in the four play intervals with attempts to extend role play. However, some of these attempts were rejected or ignored by the children. During the attempts of teacher intervention, the teacher had provided suggestions, comments or clarifications. Thereafter, she would retreat for the children to explore possibilities of their play episodes.

## **5.6 ENRICHED ENVIRONMENT WITH TEACHER INTERVENTION: EFFECTS ON THE CHILDREN'S PLAY**

As presented in chapter two in 2.5.2, the role of the adult in dramatic and sociodramatic play has been a topic of much discussion among educators and researchers. Sara Smilansky (1968; 1990) believed that play training through adult intervention could enhance children's skills in sociodramatic play. Some research support the stand that adults can assist the development of children's play and provide the support for children's play to be enhanced in complexity and elaboration (Smilansky and Shefatya, 1990; Trawick-Smith, 1998; Smith, 1986).

On the other hand, some educators and researchers have cautioned that the presence of the adult can affect children's level of fantasy play (Pellegrini, 1984), as adults' presence can inhibit children's exhibition of fantasy and oral language related to fantasy play. Others claim that the presence and involvement of adults can inhibit children's responses and disrupt their play experiences (Pellegrini and Galda, 1993), as indiscriminate adult intervention can limit possibilities in children's play through the enforcement of adults' ideas and control, which can discourage children's sense of exploration, risk taking, and problem solving.

When paired t-tests were used to compare pre-intervention scores with the post intervention scores of each of the six play elements respectively within the individual groups, the results presented in 4.3.4 of chapter four, showed significance in one of the play elements for experimental group two. Significance was indicated in the play element of Imitative Role Play for this group who had the implementation of the enriched play environment with the addition of teacher intervention.

## **5.7 VIGNETTES OF THE ENRICHED PLAY ENVIRONMENT WITH TEACHER INTERVENTION**

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The following are the second set of four vignettes comprising examples of the children's play episodes before and after the intervention of the enriched play environment with teacher intervention. Each set of examples will be comprised of a pre-intervention play interval and a post intervention play interval of the same subgroup of children. These will be presented as Vignette 5 pre-intervention play episode with Vignette 6 post intervention episode, and Vignette 7 pre-intervention play episode with Vignette 8 post intervention episode, of two subgroups of children from experimental group two with the enriched play environment and teacher intervention. These will be followed by a review of the two sets of examples comparing the pre-intervention vignettes with the post intervention vignettes.

## **VIGNETTE 5**

Pre-intervention

Theme: House Corner.

Experimental Group 2: Subgroup 2, Interval 2.

Children: Zachary, Yvonne, Jim and Cora.

Yvonne and Cora are cooking next to each other at the stoves. Jim is cutting fruits and vegetables on the work surface at the sink and Zachary is looking for items at the shelves near him.

Yvonne: “Crab” (Yvonne names the item (crab) as Cora reaches out to Yvonne’s side and gets it from a pot next to her frying pan on the stove. Cora puts the crab into her pan and fries it).

Cora: “It is ready” (Cora tells Yvonne).

Yvonne: “Things that aren’t nice to eat you are going to give people to eat?”

Zachary: “Wow! So many things” (Zachary brings a pot full of with food items to show Cora).

Cora: “Wah! You look at Zachary” (She turns to Yvonne who is walking towards the table with a bowl of food and indicates that Zachary’s pot is full of food items).

Yvonne: “Wah! Zachary has cooked so many things to eat. He has cooked so many things to eat” (Yvonne tells Cora. Zachary goes to the stove, puts a crab into a frying pan and uses a wooden spoon to fry it).

Yvonne: "Hey, there are so many things to eat here. Don't you want to eat? "

(Yvonne is referring to the food on the table as she walks towards it with a bowl).

Cora: "He is cooking so many things to eat."

Cora: "Come on, quickly. Bigger fire, bigger fire" (Cora bends and turns the knob of the stove that Zachary is using).

Yvonne: "Hey, all of you come quickly and eat. You cook for Jim to eat" (Yvonne tells Cora and Zachary from the table. She scoops food from a small pan to a bowl at the table).

Yvonne: "Hey, Jim, you have to eat. You have to eat" (Yvonne calls out to Jim who is scooping with a spoon from a cup to a bowl at the work surface next to the sink).

Jim: "Ha?" (He turns to look at Yvonne and turns back to his cup and bowl).

Zachary: "Wah! 55" (Zachary says aloud as he bends to look at the stove and turns the knob of the stove).

Yvonne: "Quick, eat. I have made a lot of things for you to eat. Quick, eat, Jim. Quick! Eat! (Yvonne continues to call Jim. Zachary places a pot of food on the table. Jim moves to the table).

Jim: "Egg?" (Jim approaches the table, looks at the food items and asks Yvonne).

Yvonne: "If you want to use it as sugar, you can" (Yvonne shows him the bottle that she is using to sprinkle over the food).

Jim: "Egg?" (Jim looks at the food and asks Yvonne).

Yvonne: "Egg is here. Sit down" (She puts the bottle on the table and walks to the stove).

Jim: "I want the small one" (He goes and looks at the shelves).



Cora: "Coming. Yvonne, put it on the table" (Cora who is cooking at the stove hands Yvonne a bowl of food. Yvonne places the bowl on the table).

Yvonne: "So many things, how to finish eating them?"

Zachary: "Shh...Shh. Find the butter" (Zachary takes a cup and pours it into his frying pan and makes the sound of water. He uses the spoon to fry the crab in the pan. He turns around to look at Yvonne).

Cora: "Not me. I didn't cook them. He cooked them" (Cora turns and looks at Zachary).

Jim: "Where is the egg?" (He goes to Zachary at the stove).

Zachary: "Hey, don't take. There is no egg" (He stops Jim from taking items from his pot on the stove).

Jim: "I want the small one" (Jim moves to the table).

Yvonne: "Oh! One plate only? Quick, give me the pepper" (Yvonne goes to Cora at the stove and asks Cora as she pours the food from the pan to a bowl. Yvonne takes the bowl with a green pepper and brings it to the table).

Zachary: "Butter, butter" (Zachary goes to the sink area and takes a small dish and a spoon. He takes a bottle from the table and returns to the stove).

Yvonne: "Jim, quick, eat. Jim, can you eat quickly? I give you to eat. Here, take it!" (Yvonne calls to Jim. She moves towards Jim at the sink area, takes an item from him, and puts it on the table. Jim ignores her and continues using a spoon to scoop into a bowl and pours from a cup to the bowl).

Yvonne: "This is the sauce" (Yvonne refers to the item that she puts on the table. She turns to Jim and takes over his spoon and bowl. Jim pours from a cup into the bowl. Yvonne stirs the bowl with the spoon).

Yvonne: "Give me, give me" (She takes the cup from Jim and pours into the bowl).

Zachary: "Okay, crab" (He puts a crab into the bowl at the table and returns to his cooking at the stove. He fries the food in the pan and pours from a cup into the pan).

Jim: "Hey, this is what I have cut" (Jim protests as Yvonne takes the food that he has cut and places them into a bowl. Yvonne continues to put the food into the bowl and Jim joins her to do so).

Yvonne: "Ssh...Ssh" (She takes the cup and pours into the bowl making the sound of pouring water. She pretends to drain water from the bowl by holding onto the food items and pours from the bowl into the sink. Then she brings the bowl to the table. Zachary, who is cooking at the stove, brings a lobster and puts it into a bowl at the table. Then, he returns to his cooking at the stove).

Cora: "It is cold, cold. Yvonne, you see this seafood cannot be eaten. It is very cold" (Cora tells Yvonne as she fries the food in the pan at the stove).

Yvonne: "You see Jim has so many things to eat. Quick come and eat. Don't cook anymore okay?" (Yvonne pulls Jim to the chair at the table. Jim sits at the table. Yvonne shows him the bowl of food).

Zachary: "Nah!" (He brings a carrot and puts it into a bowl at the table. He returns to the stove and brings a bread roll to the table).

Yvonne: "You don't want the egg? You take the egg to fry" (Yvonne asks Jim as he takes the smaller egg and puts it into a small frying pan. He goes to the stove and turns the knob at the stove. Yvonne takes the larger egg and offers it to Zachary at the stove).

Zachary: "Don't want. It is ready. Go wash your egg" (Zachary puts the egg into the sink and returns to join Jim in turning the knobs of the stoves).

Yvonne: “Hah?”(Yvonne and Zachary laugh together. Yvonne goes to the sink area and scoops from one cup to another, using a spoon).

Yvonne: “I want to cook already. You go and eat your things. Let me cook, can or not?” (Yvonne tells Cora as she approaches Cora at the stove).

Cora: “I want to cook. You go and sit. You are the mother. You are the mother” (Cora refuses to let Yvonne take over the cooking at the stove. Cora scoops a bowl of food and puts it on the table).

Yvonne: “Oi! Jim. Go quickly and eat” (Yvonne turns to Jim but he ignores her and continues to prepare food on a plate next to the stove. Zachary brings his pan of food to the table and transfers the food into a bowl).

Cora: “We, the older sisters and brothers help you to wash. We are your children.”

Yvonne: “Oh! You say I am?”

Cora: “You are the mother. I am the older sister.” “He is the older brother” (She points to Jim). “He is the older, younger brother” (She points to Zachary).

Yvonne: “Quick, go and eat” (Yvonne takes Jim’s plate of food and moves towards the table).

Jim: “Oi! I haven’t finished preparing” (Jim, takes his plate of food back from Yvonne and returns to the stove area).

Yvonne: “What do you want? I won’t give you!” (Yvonne shows that she is upset with Jim and refers to the items on the table).

Cora: “Mother, you have to go and eat first” (Cora tells Yvonne and indicates to the food on the table).

Zachary: “I am the father. Hey, older brother not older, younger brother” (He moves to Cora’s side and tells her as he is referring to what she said earlier. Then, he returns to his cooking at the stove next to her).

Yvonne: "Okay, mother will go and eat" (Yvonne goes to the table, sits on a chair and uses a spoon to scoop from a bowl).

Yvonne: "This is baby's dish?" (She picks up the small bowl with spoon and shows it to Cora).

Yvonne: "Hey! I want crab. Where is my baby crab? Who took and ate it? Where is the baby crab?" (Yvonne goes to Zachary at the stove and looks for it).

Yvonne: "Baby crab, give me. The baby crab is cooked already, still want to fry it?" (Yvonne takes it from Zachary's pan and returns to sit at the table. She puts the crab into the bowl).

Cora: "Yes, must fry" (Cora tells Yvonne as she joins her joins her at the table).

Yvonne: "Oh! Mummy is eating rice" (Yvonne takes the bowl and spoon and pretends to eat).

Cora: "Mummy, be good. You have to finish eating all of it" (Cora brings a bowl of food and pours it into the pan at the stove).

Yvonne: "I have finished eating all of it" (Yvonne stands up from her chair at the table).

Zachary: "There is a lot more" (Zachary brings a plate of food to the table).

Cora: "There is this" (Cora brings a bowl to the table and shows Yvonne a slice of bread).

Yvonne: "Oi! All of you did not help to eat" (Yvonne stands at the table and arranges the food).

## **VIGNETTE 6**

Post intervention

Themes: House Corner, the Clinic and the Grocery Store.

Experimental Group 2: Subgroup 2, Interval 2.

Children: Zachary, Yvonne, Jim and Cora.

Jim, Yvonne and Cora are at the Clinic. Zachary is at the Grocery Store.

Jim, with the white coat on, is playing the role of the doctor. He sits at the table of the Clinic and is examining the baby (doll). Yvonne, who is wearing a scarf, sits next to Jim at the table. She is playing the role of the mother to the baby (doll) on the table. Cora, wearing a scarf is standing at the table watching Jim and Yvonne. She has her handbag on the table.

Cora: "Wrap the head with the bandage. Like this." (She takes the bandage from Jim and wraps the doll's head with it. Jim takes a pair of tongs and explores it. Yvonne looks at Cora and turns to look up at the teacher who is observing nearby).

Yvonne: "You are not going to give medicine?" (Yvonne asks Jim).

Cora: "Medicine? Wait a while" (Teacher approaches and suggests to Cora, 'Let the doctor do his work. Mummy can go and cook'. Cora leaves the table and walks over to Jim's side).

Jim: "Fever" (Jim takes a bottle from the trolley and tells Yvonne).

Yvonne: "What medicine is this?" (Yvonne asks Jim about the bottle).

Yvonne: "Fever, is this for fever?" (Yvonne takes another bottle from the trolley and shows it to Jim).

Jim: "No, this is for injection. This is for injection. It is really for injection" (Jim tells Yvonne as he takes the bottle from her and puts it back onto the trolley. Cora agrees with Jim and moves off to the Grocery Store to join Zachary. Zachary is checking out his basket of groceries at the cash register).

Zachary: "There, five cents" (Zachary looks into the cash drawer).

Cora: "Hah! What five cents? You thought it was twenty-one cents" (Cora asks Zachary as she gets a bag of groceries from the House Corner and returns the items to the shelves at the Grocery Store).

Yvonne: "Cora, your bag" (Yvonne calls out to Cora. Yvonne carries the baby, leaves the Clinic and goes to the Grocery Store to give Cora her handbag which she left on the table at the Clinic. Jim picks up the phone from the table at the Clinic, presses the buttons and then, he replaces the receiver. He goes to the dress up area and takes off his white coat).

Yvonne: "Nah" (She gives the handbag to Cora).

Cora: "Thank you" (Cora takes the handbag from Yvonne. Yvonne goes to the dress up area and takes off her scarf).

Cora: "Let's go home" (Cora says to herself as she moves to the House Corner. She picks up the phone at the House Corner and presses the buttons to make a call).

Yvonne: "Where is the spoon?" (Yvonne asks Cora as she joins Cora at the House Corner. Yvonne checks the shelves while carrying the doll and she has a handbag on her arm).

Cora: "Give me to carry the baby" (Cora tries to take the doll from Yvonne).

Yvonne: "Wait first. Baby haven't drink medicine" (Yvonne refuses to let Cora have the doll. Yvonne gets a spoon. She pours from the bottle and feeds the doll with the spoon).

Yvonne: "Baby sleep already" (Yvonne puts the doll into the doll's bed).

Cora: "Why like this?" (At the Clinic, Cora asks Jim about an unrolled bandage on the trolley. She rolls it up and goes to the dress up area. Jim ignores her and joins Zachary at the Grocery Store. Zachary is putting grocery items into his bag and Jim is checking out the cash register).

Cora: "Wah! Why is the scarf like this?" (Cora says aloud from the dress up area as she takes a scarf and folds it).

Zachary: Then, you want to wear this one?" (Zachary asks Cora as he goes to the dress up area, takes a vest and shows her).

Cora: "No, no" (Cora tells Zachary and he returns to the Grocery Store. Zachary continues to put the food items into his shopping bag and Jim is checking out the cash register).

Cora: "Just wear this" (Cora takes off her scarf and wears the doctor's coat).

Yvonne: "Hello" (At the House Corner, Yvonne picks up the receiver of the phone and replaces it).

Yvonne: "You want to be doctor? (Yvonne asks Cora as Cora moves towards her laughing and showing Yvonne that she has the doctor's coat on).

Cora: "Ah, ya" (Cora answers Yvonne as she moves to sit at the table at the Clinic).

Yvonne: "Then I'll be the nurse. Later I'll come. Baby is drinking medicine" (She turns and opens the cap of the bottle, pours from the bottle to the spoon and feeds the doll).

Yvonne: "This medicine haven't give baby drink finished. The baby haven't okay yet" (Yvonne turns the cap back onto the bottle. Then, she carries the doll and puts the bottle into her bag).

Zachary: "If fall down or anything, must go to the doctor" (He joins in the conversation from the Grocery Store as he puts the groceries into a bag. Then, he brings the bag of groceries to the House Corner. Zachary takes some groceries out of the bag and puts them on the work surface of the shelves. Jim is at the cash register checking out items).

Cora: "Faster, want to come? Yvonne, faster come" (Cora tells Yvonne as she wears the stethoscope and waits at the Clinic).

Yvonne: "Wait first, can? The fever Cora, haven't give finished. Inside the bag" (Yvonne refers to medicine bottle that she has placed inside her bag. She turns and tells Cora as she pats the bag with her hand. Then, she moves towards the Clinic to join Cora).

Zachary: "You eat something already?" (Zachary asks Jim as Jim joins him at the House Corner. Then, Zachary goes to the Grocery Store, gets another shopping bag and puts groceries into it).

Cora: "What happened? Fall down?" (At the Clinic, Cora asks Yvonne).

Yvonne: "Cough, here haven't okay" (Yvonne places the doll on the table and pats the doll's chest. Cora checks the doll. She uses the stethoscope and listens to the doll's chest. Then, she uses the ear instrument to check the doll's ear).

Zachary: "Hey, put inside the bag" (Jim brings the bag of groceries back to the Grocery Store and Zachary tells Jim to put the groceries into his shopping bag. As Jim returns the items to the shelf, Zachary takes the items and puts them into his bag).



Jim: "Oi! Yah! You do everything yourself!" (Jim protests as Zachary continues to fill his bag with the items that Jim returns to the shelf. Jim stands and moves to the cash register. Then, Zachary brings the two bags of groceries to the House Corner).

Yvonne: "One eye closed, one eye open?" (At the Clinic, Yvonne checks the doll's eyes. Cora takes a syringe, inserts it into a bottle, pulls the lever up and injects the syringe into the doll's body).

Cora: "I use the bigger one" (Cora takes a larger syringe, pulls up the lever and injects it into the doll's body).

## **VIGNETTE 7**

Pre-intervention

Theme: House Corner.

Experimental Group 2: Subgroup 3, Interval 3.

Children: Will, Jill, Scott and Jenny.

The children are at the House Corner. Jill sits at the table and she is using a knife to poke into a bowl. Jenny is moving from shelf to shelf.

Scott: "Cooking, cooking. Wait, huh, wait for a while, huh" (Scott is cooking at the stove. Will brings the frying pan to the table and transfers the fish from the pan to the plate on the table).

Will: "Cooking, cooking" (Will repeats after Scott. He brings a bread roll from the pan to the table where Jill is sitting and puts it into a bowl).

Jenny: "Wee.... sausage. Who wants to eat?" (Jenny lifts up a string of sausages from the pot and brings them to Jill).

Jill: "Ai yo! Give me the sausage. Oh, sausage" (Jill stands from the table and takes the sausages from Jenny. Scott uses a small frying pan to fry an egg. He goes to the table and puts the egg onto a plate).

Jenny: "Egg, where? Fry" (Jenny asks Scott and follows him. She takes the egg, goes to the shelf, takes a small frying pan, and puts the egg into the pan).

Jill: "I'm going to cook sausage" (Jill goes to the stove and puts the sausages into the pot).

Will: "I am going to cook."

Jill: "No, I'm going to cook" (Jill fries the sausages. Will pretends to cook at the other stove using the pan then the pot).

Scott: "Now you all cannot cook" (Scott picks up the receiver of the phone and presses the buttons).

Scott: "Nobody at home."

Jenny: "Nobody called." (Scott continues to use the phone. Jenny takes her frying pan and egg to the stove. Jill is turning the knobs of the stove where she is cooking with her pot of sausages).

Scott: "Dee! Dee! Okay. Bye, bye. Can sit now" (Scott replaces the receiver of the phone and goes to the table. Then he goes and gets some cutlery and returns to the table. Jill goes to the sink, pretends to turn on the tap. Then, she takes a spatula, returns to her pot and uses the spatula to fry the food in the pot. Will is turning the knobs of the stove next to Jill).

Jenny: "I want to cook for my baby 'neh-neh' (milk)" (She goes to the work surface next to the sink and uses the bowl and cups. Scott joins her and pours from a jug into a cup).

Jill: "No 'neh-neh' (milk) here" (Jill tells Jenny).

Jenny: "Baby needs to drink water. Later have 'neh-neh' (milk)."

Jenny: "I pour for everyone" (Jenny takes the jug and cup from Scott and goes to the table. She pours from the jug into the cups. Scott joins her and places some cups on the table).

Jenny: "Oh, oh, this pour away" (Jenny takes a cup from the table and pours into a cup that Scott is holding).

Jenny: "Going to eat now" (Scott sits at the table. Will joins them with the frying pan and egg).

Scott: "Hey, give me. I eat first" (He snatches the egg from Will. Jenny approaches the table and pours from the jug to the cups. Jill is still cooking at the stove).

Jill: "Oi! Don't put on the chair" (Jill tells Scott as he takes the plate of bread from the stove area and places it on the chair. Jill takes it back. Scott teases Jill with a toy crab).

Jenny: "Who wants to eat cake? Who wants to eat cake?" (Jenny takes a cake and shows it around. Jenny sits at the table and arranges the food. Scott takes some food items and returns them to the shelf. Jill is frying sausages in a pan at the stove. Will is frying an egg in the frying pan at the stove. Scott moves around with a toy lobster and crab).

Scott: "Hey, you see" (He shows Will the lobster and the crab, and he moves towards the table. Jill follows him and returns to her pan at the stove).

Jenny: "The egg boil, boil. Where's the small egg?" (Jenny puts an egg into a small saucepan at the table and goes to look for the small egg. Will pretends to cut food with a knife).

Scott: "My family" (Holding onto the large lobster and the crab, he takes the smaller ones from the table).

Jenny: "I sit here and eat" (Jenny sits on the chair at the table. Scott and Will play with the lobster and the crab).

Scott: "Eat the fish" (Scott moves the lobster and the crab on the floor. Will takes the lobster from Scott and puts it into a pan at the stove).

Scott: "This is my place" (Scott sits next to Jenny at the table. Will places the lobster and the fish on the table).

Jill: "Everybody wants to eat?" (Jill asks as she joins Scott and Jenny at the table. Will brings the sausages to the table).

Jenny: "Yes."

Scott: "This is my spoon" (Scott uses the pincers of the lobster to scoop food from a bowl. Will arranges the items on the table).

Jill: "So big. I sit here" (She squeezes into Scott's chair and shares his seat).

Jenny: "I eat finish already. Mother eat finish already" (Jenny stands and places the bowl and spoon on the table).

## **VIGNETTE 8**

Post intervention

Themes: House Corner, the Clinic and the Grocery Store.

Experimental Group 2: Subgroup 3, Interval 3.

Children: Will, Jill, Scott and Jenny.

Jill and Jenny are at the House Corner. Will and Scott are at the Clinic.

Jill is sitting at the table of the House Corner carrying the doll (her baby) in her arm.

Jenny is feeding herself with a spoon, scooping from a bowl. Scott is at the Clinic exploring instruments from the trolley. Will is trying to hang up the white coat in the dress up area.

Jill: "Jenny, give me. I give you so many. You want?" (Jill stretches out her hand to ask for Jenny's bowl of food).

Jenny: "Wait. This pink cup for baby" (She scoops some food into a cup. Jill takes the cup and pours into her bowl. Then, she uses the spoon to scoop the food).

Jenny: "Okay, I be the doctor. I buy so much" (She walks to the Grocery Store).

Jenny: "You want to be cashier?" (Jenny goes to the Clinic and asks Scott).

Scott: "I want".

Jenny: "Okay. I be the cashier. You buy things" (She goes to the Grocery Store and points her finger at Scott).

Scott: "No, I be the cashier" (He walks to the cash register at the Grocery Store).

Jenny: "No. You take this" (She takes a basket from the shelf and hands it to Scott.

Scott refuses to take the basket and remains at the cash register).

(The teacher intervenes and asks, "Scott, do you want to look at Will's leg? It is not good". The teacher turns to Will, who is standing near Scott, and says, "Will is here".

Scott looks at Will, smiles and repeats, "Will is here". The teacher asks Will, "Can you tell the doctor, Will?" Will ignores them and moves off to hang up the doctor's coat. Scott turns to the teacher and says, "Cashier?" The teacher asks, "You want to be the cashier?" and she retreats. Scott turns to the cash register and plays with it).

Jenny: "I go buy things" (Jenny goes to the Grocery Store and selects items from the shelves while Scott is at the cash register).

Scott: "Wow! So many dollars" (He is exploring the cash register. Will joins him. Jenny brings her basketful of groceries to the cash register. Jill finishes feeding the baby (doll) and carries it to the sink area).

Scott: "This is two dollars" (Scott tells Jenny as she checks out the groceries an item at a time from her basket. Scott is helping her at the cash register).

Jenny: "All taken, the money" (She checks the cash drawer with Scott. Jill is still at the House Corner taking food items from the table as she carries the doll. Will moves between the House Corner and the Grocery Store, watching Jenny and Scott).

Jenny: "Now, you buy things" (Jenny tells Scott as she checks out all the grocery items from her basket).

Scott: "I don't" (Scott refuses. He walks to the Clinic and explores the instruments).

Jenny: "I have so many money, I can buy things" (Jenny tells Jill as she walks towards Jill at the House Corner. She shows her hand to Jill).

Jenny: "You still the doctor? Beee..." (Jenny asks Scott as she joins him at the Clinic. She picks up a syringe, aims it at Scott's arm and makes the sound).

Scott: "I don't want" (He turns from her and continues to explore the instruments at the Clinic. Later, Scott wears the doctor's coat. Will joins him and they explore the instruments together. Scott sits at the table in the Clinic).

Will: "Ah, Ah" (Will shines the torch at his Scott's mouth).

Scott: "Open, ah" (Scott takes the torch from Will and shines it into Will's mouth. Will opens his mouth while Scott shines the torch into it).

Will: "Your turn" (Will tells Scott but Scott refuses).

Scott: "No. See, see. Try again" (Will opens his mouth and Scott shines the torch into Will's mouth).

Scott: "Again, again" (Will opens his mouth and they repeat the process).

Will: "Okay, now is your turn."

Scott: "No" (Scott refuses).

Jill: "Today is baby's birthday. Give me the money" (Jill approaches Jenny at the Clinic. She pulls Jenny's clothes and moves towards the House Corner).

Jenny: "No. Don't pull my shirt" (She walks with Jill to the House Corner).

Jill: "You want baby?" (Jill shows Jenny the doll that she is carrying).

Jenny: "I give you money already" (Jenny gives Jill a note but Jill continues to carry the doll).

Jenny: "No money?" (She looks into the drawer of the cash register at the Grocery Store).

Jenny: "Give me the milk. You want to buy this milk okay?" (Jenny takes the milk carton from the table at the House Corner, returns to the Grocery Store and checks it out at the cash register. She turns and looks at Jill).

Jill: "Yes. 'Ay yo', very heavy" (Jill adjusts the position of the doll in her arms and grimaces her face to emphasise that the baby is heavy).

Jenny: "Give me money" (Jenny stretches her hand towards Jill).

Jill: "I am at the cashier" (Jill moves to the cash register carrying the doll. Jenny takes a notepad and a crayon from the dress up area. She stands next to Jill and writes on the notepad).

Jenny: "Your baby cry already. Your baby cry already. Your baby wants to drink milk" (Jenny tells Jill. She returns the notepad and goes to the Grocery Store).

Jenny: “I buy for you Marigold HL milk” (Jenny tells Jill as she takes a milk carton from the shelf and gives it to Jill).

Jill: “My baby loves to drink Marigold milk” (Jill, who is still carrying the doll, tells Jenny as she takes the milk carton from her. Jill opens the cap of the milk carton, lifts the nozzle to her nose and pretends to smell it. She goes to the House Corner and pours from the carton into a cup).

## **5.8 ANALYSIS OF THE CHILDREN’S PLAY WITHIN EXPERIMENTAL GROUP TWO WITH THE ENRICHED ENVIRONMENT AND TEACHER INTERVENTION**

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Results in chapter four showed that significance in one play element was indicated for this group with the enriched play environment and the inclusion of teacher intervention. Imitative Role Play was the only element that showed significance in the comparison of play elements within experimental group two. This was shown in 4.3.4 of chapter four. Although significance in the other play elements was not noted in the statistical analysis presented in the results of chapter four, the vignettes 5 to 8 of the children’s play in this chapter will be used to present pre and post intervention comparisons of Imitative Role Play and the other play elements namely, Make-Believe with Objects, Make-Believe with Actions and Situations, Persistence in Role Play, Interaction and Verbal Communication.

### **a Imitative Role Play**

At the House Corner in the pre-intervention play episode of Vignette 5, the children were mainly involved in using props for cooking and eating



activities. Two of the children, Yvonne and Cora engaged in a short role play episode of a mother and a child (Cora: “Mother, you go and eat first”; “Mummy, be good. You have to finish eating all of it”) and the mother (Yvonne: “Okay, mother will go and eat”; “Oh! Mummy is eating rice”). In the pre-intervention play episode of Vignette 7, apart from Jenny, who took on the role of a mother to a baby (“I want to cook for my baby milk”; “Baby needs to drink water”; “I eat finish already. Mother eat finish already”), the other children participated mainly in cooking and eating activities.

During the children’s play of the post intervention Vignette 6, the number of children who engaged in Imitative Role Play increased and their play was more developed and sustained. Jim played the role of the doctor at the Clinic (“This is for injection”), with Yvonne who played the role of the mother of the sick baby (“You are not going to give medicine?” “Baby haven’t drink medicine”; “Baby sleep already”; “Baby is drinking medicine”). Later on in the play episode, Cora took on the role of the doctor at the Clinic (Cora asked, “What happened? Fall down?” as she examined the baby by using the stethoscope to listen to the doll’s chest and by using the ear instrument to check the doll’s ear). The role play of the mother by Yvonne was sustained throughout the play interval with the involvement of themes of the Clinic and the House Corner. This can serve to demonstrate that the availability of the additional theme of the Clinic provided the child with the possibility to extend her role play of the mother from the Clinic to the House. The mother (Yvonne) brought her baby (doll) to the Clinic to see the doctor. After that,

she brought the baby (doll) to the House Corner, fed it (the doll) with medicine and put it (the doll) to bed.

As for the play episode of the post intervention Vignette 8, the number of children who engaged in Imitative Role Play increased. Jill played the role of mother to the baby as she carried the baby (doll) and pretended to feed it (“Today is baby’s birthday”; “My baby loves to drink Marigold milk”). Jenny played the role of a shopper buying food items and checking them out at the cash register at the Grocery Store (“I go and buy things”; I buy for you Marigold HL milk”). Scott played role of the cashier. He said that he was the “cashier” and he told Jenny, “This is two dollars”, as he helped her checked out her grocery items. He played the role of a doctor as he wore the doctor’s coat and checked Will’s mouth with a torch at the Clinic telling him to open his mouth “Open, ah!” and he shone a torch to check the mouth.

It was interesting to note the coordination and cooperation existing between the different play corners of the House Corner, Grocery Store and the Clinic. The children participated in the various corners within their roles, for example, in Vignette 6, Yvonne who played the role of a mother with her baby would go first to the Clinic to see the doctor then, she went to the House Corner, fed the baby (doll) and put the baby (doll) to bed. In Vignette 6, Cora who shopped at the Grocery Store, moved between the Grocery Store and the House Corner, identifying it as ‘Home’ when she said, “Let’s go home”. Then she took on the role of the doctor who attended to the sick baby (doll) of Yvonne (the mother). Improvement in the element of Imitative Role Play also

showed flexible planning in the play episodes as children sustained or changed roles as they moved from one corner to another.

## **b The other play elements**

Although significance was not shown in the statistical analysis presented in the results of chapter four, the vignettes of the children's play presented pre and post intervention comparison of the following elements of Make-Believe with Objects, Make- Believe with Actions and Situations, Persistence in Role Play, Interaction and Verbal Communication.

### **i Make-Believe with Objects**

The element of Make-Believe with Objects was shown to be consistently present in many situations of both pre-intervention and post intervention Vignettes 5 to 8. The children used the props in various ways, using them as real objects and to represent other objects. These were demonstrated in the pre-intervention Vignettes of 5 and 7 as the children participated in cooking and eating activities. For example, in Vignette 5, Cora pretended to turn the knob of the stove to get "Bigger fire", and Yvonne pretended "This is sauce" as she stirred a bowl with a spoon. In Vignette 7, some examples were: Jill using a spatula to fry sausages in a pot, and Jenny pouring from a jug into cups, "I pour for everyone".

In the post intervention Vignettes of 6 and 8, the children used some of the props from the House Corner and the additional props of the Clinic and Grocery Store. For example, in Vignette 6, the children's play was mainly centred on the theme of the Clinic with Yvonne playing the role of the mother and Jim playing the role of the doctor. Yvonne asked Jim (the doctor) "What medicine is this?" referring to a bottle, and when she took another bottle and asked, "Is this for fever?" However, in line with the theme of 'the sick baby', Yvonne (the mother) looked for a spoon in the House Corner and fed medicine to 'her baby' (doll) with it.

In another example in Vignette 8, Jenny bought a carton of milk, "I buy for you Marigold HL milk" for Jill, the 'mother' of the 'baby' (doll). Jill, the mother of the baby (doll) commented "My baby loves to drink Marigold milk" followed with the actions of opening the milk carton and pouring milk into a cup for the baby (doll). The theme of the family (mother and baby) from the House Corner was linked to the Grocery Store to purchase milk for the 'baby'. The additional themes of the Clinic and the Grocery Store together with the props, encouraged the inclusion of new themes of going to the doctor and shopping for food in the children's play.

## **ii Make-Believe with Actions and Situations**

The presence of the element of Make-Believe with Actions and Situations showed flexible planning in the play episodes. This element

was noted in the post intervention episodes of Vignettes 6 and 8. Examples of this element in the post intervention Vignette 6 were: “Let’s go home”, “Baby is drinking medicine”, “Baby sleep already”, and “Today is baby’s birthday” in Vignette 8.

### **iii Persistence in Role Play**

Persistence in Role Play was noted when the child persisted in a play episode for at least five minutes which was the duration of a play interval. This can be presented through a series of acts, or the child’s activities of one or two roles, or if the child stayed with a single or related roles within that period of time. With the additional themes and props, Persistence in Role Play was more pronounced in the post intervention vignettes such as: Jim who played the role of the doctor in Vignette 6 with actions of examining the sick baby (doll). This was also demonstrated in Vignette 6 as Yvonne persisted in playing the role of the mother to the sick baby for the entire play interval. She moved from the Clinic to the House Corner: “You are not going to give medicine?” she asked the doctor; “Where is the spoon?” looking for a spoon to feed medicine to her baby and eventually fed the bottle of medicine to her baby using the spoon; “Baby haven’t drink medicine”; “Baby sleep already” referring to her sick baby; “Cough, haven’t okay yet” she returned to the Clinic for the doctor to check her baby.

**iv Interaction and**

**v Verbal Communication**

Although Interaction and Verbal Communication were present in the pre-intervention play episodes, these were more enhanced in the post intervention play episodes. In pre-intervention Vignettes 5 and 7, Interaction and Verbal Communication were mainly directed at telling each other what to do. For example, in Vignette 5, Cora and Yvonne were engaged in a dialogue about eating the food that was cooked, (Cora: "Mother, you have to go and eat first", Yvonne: "Okay, mother will go and eat). In Vignette 7, Interaction and Verbal Communication involved mainly cooking and eating activities of the House Corner. One example of Interaction and Verbal Communication was when Jenny reported to Jill, "I want to cook for my baby milk", and Jill responded, "No milk here".

In the post intervention Vignettes 6 and 8, Interaction and Verbal Communication were shown to be related to the roles that the children engaged in as they communicated through the themes of the Clinic with the mother of the sick baby (doll) bringing the baby to be examined by the doctor at the Clinic, and a mother getting milk for the baby at the Grocery Store. In Vignette 6, Yvonne the mother of the sick baby engaged in dialogue with Jim the doctor, Yvonne: "You are not going to give medicine?" Jim: "Fever", Yvonne: "What medicine is this?" Yvonne: "Fever, is it this for fever?" Jim: "No, this is for injection". When Cora played the role of the doctor and Yvonne

maintained her role as the mother of the sick baby, they were engaged in the following dialogue. Cora asked Yvonne, “What happened? Fall down?” Yvonne replied, “Cough, here haven’t okay yet” (patting the doll’s chest). Cora examined the doll’s chest with the stethoscope and used the ear instrument to check the doll’s ear. In Vignette 8, as Jill played the role of mother to the baby (doll) she engaged in a dialogue with Jenny. Jenny tells Jill, “Your baby cry already. Your baby wants to drink milk”, “I will buy for you Marigold HL milk”, and Jill replied, “My baby loves to drink Marigold milk”.

## **5.9 SUMMARY**

Results in the quantitative analysis of chapter four showed that children in experimental group one with the enriched play environment demonstrated greater increase in the level of play as compared to experimental group two with the combination of the enriched play environment and teacher intervention. This was evident through the significant results in four play elements for experimental group one with the enriched play environment, as compared to the significant result in one play element for experimental group two with the teacher intervention in addition to the enriched play environment.

This chapter attempted to examine the effects of intervention within the respective groups. The qualitative perspective attempted to highlight some of the effects of the enriched play environment and teacher intervention on the play elements through episodes illustrated in vignettes of the children’s play. Examples from the post

intervention episodes showed that as the children expanded their play to include themes of the Clinic and the Grocery Store in addition to the House Corner, the play elements, especially, Imitative Role Play, were enhanced. Bateson (1971) in his discussion on play, and particularly dramatic play, commented that play is important to children as they learn role behaviour. However, he emphasised the importance that the child learns that there are categories of behaviour through play. In doing so, children develop their knowledge about the concept of role and the concept of object. He believed that the importance of play for children is that they learn that the concept of role is related to the frame and context of behaviour.

Dodge and Colker (1996) believe that within the classroom setting for children, an effective House Corner with the introduction of new themes can spark children's imagination and stimulate their learning. The purpose of props is to extend children's dramatic play and to assist them in gaining a better understanding of the world around them. According to them, "the richer the props, the more expressive and creative children will be in their dramatic play" and "the addition of props is one of the best ways to stimulate new themes (p. 114). They suggested that the House Corner can be modified to include different types of settings such as a supermarket and others. This is in line with the premise presented in this study that the enriched play environment can open doors to stimulate the dramatic and sociodramatic play of children.

The results and analyses seem to suggest that the enriched play environment has a more significant role in contributing to the increase of the child's play level than the combination of the enriched play environment with teacher facilitation. However, it could also imply that the adult's presence may have inhibited the children's play as



interaction between teachers and children have yet to be established in play situations. Although it is an accepted view that dramatic play can provide children with opportunities to work out difficult experiences and feelings, teachers need the necessary skills and sensitivity to know how to react and assist children in the play situations.

On the one hand, the children may be used to routine constant supervision and predominantly teacher directed activities. However, on the other hand, teacher intervention could be influenced by the teachers's beliefs that children should be left on their own to play or it could be limited by the teacher's apprehension to intervene due to lack of confidence. Further discussion of these areas and implications of the study will be addressed, taking into consideration both the quantitative and qualitative analyses to provide an overall perspective, in the following general discussion and conclusion chapter.

## **CHAPTER SIX: DISCUSSION AND CONCLUSIONS**

### **6.1 INTRODUCTION**

The purpose of this chapter is to review the results and address implications of the study taking into consideration both the quantitative results presented in chapter four and the qualitative analyses in chapter five. This chapter will also discuss the recommendations and conclusions of the study.

The following areas will be presented and discussed in this chapter. First, the hypotheses of the study will be presented. This will be followed by discussions of the overall results and the comparison of play elements within groups, as well as, the comparison of play elements between groups. Next, the interventions and their effects will be reviewed and the limitations in relation to the study will be presented. Finally, implications for preschool and teacher education, as well as, recommendations for future research will be addressed and conclusions drawn from the study will be presented.

### **6.2 HYPOTHESES**

The hypotheses investigated in this study were related to an examination of the effects of an enriched play environment, and teacher intervention in addition to the enriched play environment, on the dramatic and sociodramatic play of children.

### **6.2.1 HYPOTHESIS ONE**

There are relationships between the attainment in sociodramatic play of children aged four to five years and an enriched play environment. This was related to the question: does an enriched play environment have effects on the dramatic and sociodramatic play of children aged four to five years of age?

### **6.2.2 HYPOTHESIS TWO**

There are relationships between the attainment of sociodramatic play of children aged four to five years and teacher intervention in an enriched play environment. This was related to the question: is the combination of an enriched play environment and appropriate teacher intervention related to the level of participation in the dramatic and sociodramatic play of children aged four to five years?

In addition to an enriched play environment with the provision of additional themes and props, teacher intervention was introduced in the intervention sessions. Teacher intervention predominantly in the form of verbal guidance through suggestions and comments was used with the aim of sustaining or extending the children's play episodes.

6.3     DISCUSSION OF OVERALL RESULTS

This section will review and discuss the comparisons of the play elements based on the overall and within groups results presented in 4.3.2, 4.3.3 and 4.3.4 of chapter four. Overall comparison of the six play elements for pre and post intervention sessions for the thirty-six children presented in 4.3.2 of chapter four showed significance in the elements of Imitative Role Play, Make-Believe with Objects and Make-Believe with Actions and Situations. In the comparison of play elements within the groups, four play elements showed significance in experimental group one which were presented in 4.3.3 of chapter four. They were: Imitative Role Play, Make-Believe with Objects, Make-Believe with Actions and Situations and Persistence in Role Play. As for the comparison of play elements within experimental group two which was presented in 4.3.4, the play element which showed significance was Imitative Role Play. However, the comparison of play elements for the control group presented in 4.3.5 of chapter four did not show any significance in the play elements.

**Table 6.1     Significance shown in play elements in overall and within group comparisons**

Group	Significance shown in play elements			
Overall	Imitative Role Play	Make-Believe with Objects	Make-Believe with Actions and Situations	
Experimental 1	Imitative Role Play	Make-Believe with Objects	Make-Believe with Actions and Situations	Persistence in Role Play
Experimental 2	Imitative Role Play			

In the overall comparison of the pre-intervention and post intervention scores of all the participants, as well as in the comparison of the scores within experimental group one and group two, the common element of significance is Imitative Role Play. Imitative Role Play has been identified as a key element that determines the presence of dramatic and sociodramatic play as presented in 2.5 of chapter two (Johnson, Christie and Yawkey, 1999). Smilansky and Shefatya (1990) and Dodge and Colker (1996) have also used Imitative Role Play as a key defining element of dramatic and sociodramatic play.

According to Smilansky and Shefatya (1990), the dimensions of role play are primarily those of elaboration, involvement and the amount of play. In this study, with the intervention of the enriched play environment which included additional themes and props of the Clinic and the Grocery Store, more opportunities to engage in different roles were provided for the children to engage in role play.

## **6.4 DISCUSSION OF RESULTS BETWEEN GROUPS**

This section will discuss the analyses presented in chapter four with references to 4.3.6 comparison of play elements between groups, 4.4 categories of play and 4.4.3 play levels of the children.

### **6.4.1 COMPARISON OF PLAY ELEMENTS BETWEEN GROUPS**

In the one way Analysis of Variance (ANOVA) using post intervention scores to examine the between group differences, no level of significance was shown in the six

play elements as presented in 4.3.6 of chapter four. This could be due to the following reasons:

- i The small sample size can be a factor in the statistical analysis of the data of this study as a larger sample size may yield more significant results. A possible explanation can be technical due to the sample size not being replicated to the magnitude of Smilansky's experiment. The sample size for Smilansky's experiment comprised of three experimental groups and two control groups with a total of one thousand two hundred and nine children. In comparing the sample size of Smilansky's study involving about one thousand and two hundred children, the sample size of thirty-six children is very small. In terms of statistical aspects such as the sample size, larger numbers make overall significance more possible. This could be one of the reasons as to why the comparison of effects between the groups in the ANOVA analysis did not yield significant results as compared to the significant effects noted in Smilansky's study.
- ii According to Smith, Takhvar, Gore and Vollstedt (1986), difficulties in classifying children's play seem to be related more to problems of measurement. These could apply to the use of Smilansky's categories or to other attempts in assessing the occurrence of dramatic and sociodramatic play. One problem may be related to the time frame of observations, as in different studies, observations vary from ten seconds to thirty minutes. With the use of the Smilansky instrument, the children were rated in the six play elements after every five-minute play intervals in this study. Smith, Takhvar, Gore and Vollstedt (1986) argued that from the point of statistical independence of data,

short time samples, well separated from each other, are best. However, they also acknowledged that a longer period allows the observer much more insight into the children's play behaviour. Krasnor and Pepler (1980) argued that play behaviour rated using shorter time intervals might lead to the play being scored as less mature than if longer intervals were used, illustrating the problem of observer duration and of retrospective inference.

Therefore, on the one hand, from the point of statistical independence of data, short time samples may be better in presenting data for analysis, but on the other hand, in the area of dramatic and sociodramatic play, a longer time frame offers the child with opportunity to develop his or her play and it provides the observer with more insight into the children's play behaviour. On the whole, the Smilansky instrument provides a comprehensive framework which serves as a useful initial guide in observing and assessing children's dramatic and sociodramatic play.

#### **6.4.2 CATEGORIES OF PLAY AND PLAY LEVELS**

With reference to 4.4.1 in chapter four, when the categories of 'No Dramatic Play' and 'Dramatic Play' were used to analyse the children's play to compare pre and post intervention, the post intervention results showed that the percentage of children who engaged in 'Dramatic Play' increased in experimental groups 1 and 2, with no difference noted in control group 3 without intervention.

As for the categories of 'No Dramatic Play' and 'Good Sociodramatic Play' presented in 4.4.2 of chapter four, the comparison of the pre and post intervention

results showed an increase in the overall percentage of children from experimental groups 1 and 2 engaging in “Good Sociodramatic Play” in the post intervention evaluations, with no difference noted in control group 3.

Chi-square analysis presented in 4.4.3 of chapter four yielded significance in the post intervention results that showed an increase in the play levels of the children from experimental groups 1 and 2 with more children engaging in ‘Good Sociodramatic Play’ after the implementation of the interventions.

Children in experimental group one with the enriched play environment showed greater increase in the level of play as compared to experimental group two with the combination of the enriched play environment and teacher intervention. This could imply that the enriched play environment had a greater role in contributing to the increase of the children’s play level than the combination of the enriched play environment with teacher intervention. However, this could also imply that the adult’s presence may have inhibited the children’s play or culturally, the interaction between teachers and children have yet to be established in play situations, as children are predominantly used to or exposed to teacher directed activities.

Some improvement was noted in the post intervention sessions of the two experimental groups as the children played with the three themes of the House Corner, the Clinic and the Grocery Store, and expanded their play to involve group interaction. In the qualitative perspective of chapter five, the comparison of the children’s play before and after the intervention sessions demonstrated that the children who were provided with the enriched play environment were observed to



have expanded their play through the additional themes and props. The vignettes of the children's play episodes showed that as the children expanded their play to include themes of the Clinic and the Grocery Store in addition to the House Corner, the play elements, especially Imitative Role Play, were enhanced.

## **6.5 INTERVENTIONS AND EFFECTS**

The quantitative analyses presented in chapter four and the qualitative perspective of chapter five indicated the effects of the interventions of the enriched play environment and teacher intervention in the children's dramatic and sociodramatic play.

It is possible to consider that the enriched play environment with additional themes acted as a sort of catalyst that sparked off a sequence of activities which has been ready to go. The stimulation from the environment can be viewed as assuming the role of activating the appetite for dramatic and sociodramatic play. The improvement in the children's ability to engage in dramatic and sociodramatic play can suggest that the requisite processes were present, and the favourable reaction of the children to the enriched play environment, as well as their positive responses to teacher intervention, helped to extend their play.

Imitative Role Play has been shown to be the common play element with significance noted in the overall results in 4.3.2, and in the comparison of play elements within the experimental groups in 4.3.3 and 4.3.4 of chapter four. The significance of this particular play element shown in the results within groups as well as between groups,

can serve to demonstrate that the intervention conditions could have increased or enhanced its presence in the children's play. Significance in this element was noted in 4.3.3 and 4.3.4 of chapter four and an increased number of children engaged in role play which was indicated in 4.4.1, 4.4.2 and 4.4.3. As demonstrated in the vignettes of the children's play episodes in chapter five, some children expanded their roles to include the additional themes in 5.4 (a) Analysis of the children's play within experimental group one with the enriched play environment – Imitative Role Play and 5.8 (a) Analysis of the children's play within experimental group two with the enriched play environment and teacher intervention – Imitative Role Play. As role play is a critical ingredient of sociodramatic play, the increased or enhanced presence of this play element can suggest the importance of the enriched play environment and/ or teacher intervention in children's play.

Although role play is not the only key element in defining dramatic and sociodramatic play, it is viewed as the most critical factor of the activity. This view is supported by role-theorists such as Sarbin and Allen (1968) and the results of play training studies by Saltz and Brodie (1982). The construct of a role, according to role theory, is a social one with reference to an organised group of behaviours that are identified with a particular position in society and involves the enactment of it. Enactment of roles occurs in a social context with complementing roles in an interactional manner. Forsys and McCune-Nicolich (1984) acknowledged that sociodramatic play involves "social-interactive and social-representational abilities" (p. 159). Therefore, as children express themselves through episodes in dramatic and sociodramatic play, their knowledge of roles relating to specific situations can be enhanced.

Garvey (1982) considered pretend play, and especially role play, as being dependent on the processing systems of social meaning. The play behaviour of children can be viewed as indicative of their level of competence in interaction, knowledge of social structures, or cognitive development in domains such as perspectivism. Role play promotes the development of self as an identity that is separate from but related to others by permitting the child to “get outside himself and apprehend himself from some other perspective” (Stone, 1971, p. 10), such as taking on the role of a parent, customer or doctor.

According to Johnson (1990), research findings have indicated a direct relationship between children’s ability to pretend and their academic success. As children engage in dramatic play, they develop the ability to create or use symbols to represent real objects and events. This process involves the construction of mental images which is also necessary in the academic success of solving math problems and the learning of historical events. Dodge and Colker (1996) believed that children acquire abilities to visualise what they are thinking about and generate alternative ways of considering issues or questions when they engage in dramatic play.

#### **6.5.1 ENRICHED ENVIRONMENT**

There is no significant difference between the various schools of thought regarding environmental factors used to encourage children to engage in dramatic play. The assumption that is generally held seems to be that toys and other play materials are excellent stimuli and sufficient for evoking dramatic play. This was presented in chapter two in 2.5.1: Play environment and their influence on dramatic and

sociodramatic play, through the views of Petrakos and Howe (1996), as well as Smith and Connolly (1980). They noted the influence that space, props and materials have on the type, level, the amount, duration, and quality of children's play. Griffing (1983) and Dodge and Frost (1986) also communicated that novel and realistic props introduced into the dramatic play area can encourage and stimulate role play of children.

Significance was noted in four play elements in experimental group one with the enriched play environment as compared to the significance demonstrated in only one play element in experimental group two with enriched play environment and teacher intervention. This may illustrate that the enriched play environment with the additional play themes of House Corner, the Clinic and Grocery Store and props, offered new opportunities and possibilities for children to engage in pretend play. Within the usual classroom setting, the House Corner usually has one theme. With the ample play materials and choices of linked themes provided in the enriched play environment, it could suggest that the enriched environment plays a contributing role in enhancing the children's play level. The influence of materials and equipment in the learning environment on children's play has been identified and addressed by several early childhood educators. Dempsey and Frost (1993) expressed that "the adult solicits and gets the type of play desired, not only by organizing the environment into learning centers, but also by her choices of materials and equipment" (p. 308). Beaty (1992) and McLean (1995) believed that the provision of an enriched play environment encourage play and learning through interaction with the materials.

It has been noted that Imitative Role Play is the key element that determines the presence of dramatic and sociodramatic play. In 2.5 of chapter two, it was presented that according to Forys and McCune-Nicolich (1984), the essential elements of sociodramatic play would be the provision of several props to support the pretend activity, themes from familiar daily activities, roles and the appropriate pretend social interactions. Therefore, the results can suggest that with the intervention strategies of the enriched play environment and teacher intervention, Imitative Role Play was encouraged in the children's play, resulting in significance of this play element for both the overall and within group comparisons.

The views, presented by Griffing (1983), Walling (1977) and Woodward (1984) in 2.5.1 of chapter two, that the provision of theme-related props and materials with adequate planning and preparation of an enriched play environment can encourage and enhance the sociodramatic play of children, can be supported through the significant result of Imitative Role Play that was evident in the children's play episodes.

Research findings of Hendrickson, Strain, Tremblay, and Shores (1981) and Bagley and Chaille (1996) referenced in 2.5.1 of chapter two, have indicated that the availability and type of play materials can influence the forms and quality of children's play. Early childhood educators and curriculum experts (Hendrick, 2001; Dodge and Colker, 1996), acknowledged the importance of providing ample opportunities for children to engage in dramatic play in preschool settings to encourage the use of imaginative play through interaction with materials, equipment

and people. Apart from the House Corner, enriched role opportunities can be offered through additional themes with props such as The Clinic and the Grocery Store.

Therefore, in support of the belief advocated by Dempsey and Frost (1993), Van Hoorn, Nourot, Scales, and Alward (2003), and McLean (1995) presented in 2.5.1 of chapter two that the enriched environment is a major building block in the curriculum for children, the importance of appropriate planning and provision for such environments in preschool settings is re-emphasised. As play is a process of learning for every child, the environment should provide an adequate supply of play materials and the contexts that stimulate and empower children to play, interact and learn.

#### **6.5.2 TEACHER INTERVENTION**

Two types of adult intervention were used by Smilansky in her study – the Israeli experiment. One involved participation in play which required the teacher to use modelling to take part in the children's play by assuming a role and demonstrating play behaviours to promote sociodramatic play. Another type of adult intervention used was referred to as outside intervention with the teacher as a non participant who remains outside the play episodes and uses suggestions and comments to encourage sociodramatic play elements in the children's play. Smilansky advocated her belief that,

“We believe that the natural processes of child growth and a passive environment are not sufficient to give these children the necessary boost. The teacher, like the parent, is an essential part of the child's surroundings and must necessarily take an active part in the child's growth. Such children have something to say and, furthermore, the

need and the ability to say it through dramatic play. Our data shows that these children will not make progress in dramatic play simply by being provided facilities and an encouraging atmosphere” (Smilansky and Shefatya, 1990, p.142).

Vygotsky (1962) believed that children are aided in their process of problem solving and managing tasks through the facilitation of adults who play active roles in children’s learning and development. Bruner (1983) emphasised the importance of ‘scaffolding’ as adults support children in their learning process towards achieving independence in tasks and in their development.

In this study, verbal guidance was the strategy used as the teacher intervened as a non participant with suggestions and comments. The verbal guidance was directed to the roles that the children adopted or roles that the teacher suggested so as to promote role play in the play episodes. Verbal guidance was chosen as the adult intervention strategy for this study as it is less obtrusive, giving the children more control over their play. Verbal guidance is a recommended strategy to facilitate desired play behaviours as children are able to retain more control over their dramatisations (Christie, 1982; Griffing, 1983). As it is non participatory, the teacher would be more comfortable using this as she could be conscious about being observed and video-taped. However, the extent of teacher training in the facilitative intervention of the children’s play provided in Smilansky’s experiment was more extensive than this study. This could be a reason for enhanced levels of play behaviour to be more significant in the group with the enriched play environment than the group with a combination of the enriched play environment and teacher intervention.

Play training studies of Saltz, Dixon, and Johnson (1977) and Smith and Syddall (1978) presented in 2.5.2 in chapter two, have provided evidence of positive effects in children's play from adult intervention. In addition, Saltz and Johnson (1974) also presented in 2.5.2 in chapter two, highlighted the importance of training in role enactment as it increases the ability of preschool children in their understanding and identifying affective states of other children.

However, other researchers have expressed their concern that the presence of the adult in children's play can inhibit children's fantasy play and disrupt their play experiences as presented by Pellegrini (1984) and by Pellegrini and Galda (1993) in 2.5.2 in chapter two. Planned adult intervention is generally understood as the concentration on teaching children how to play and to interfere as little as possible in the content of the play activity. The questions of whether to intervene or not, or when to intervene would be common to teachers. The main purpose of intervention would be to sustain or enrich children's play. At times, it can be for reasons of safety and to provide mediation of conflicts.

However, the trained and skilled teacher would be equipped with abilities of observing objectively and would be able to make informed inferences about the children's play. Skilled intervention takes place within the frame of the play episode. The teacher would be perceptive to what the play is about and the direction it may be heading. He or she would be sensitive in choosing appropriate moments and responses to use to sustain or extend the children's play. The primary focus is to help the child engage in play using any and all content that he or she might come across. Intervention by the teacher would be through facilitation techniques such as,



suggestions, comments, questions, demonstrations and other relevant means. The teacher encourages and enables the child to do what the child wants to do and facilitates when necessary. Children should be provided with appropriate learning experiences to develop and enhance their play.

As sociodramatic play requires children to interact and negotiate their varied understanding and as it involves the interweaving of fantasy and reality, feeling and facts, it is indeed a valuable activity for children (Reynolds and Jones, 1997). Therefore, adult intervention, properly implemented, can be a highly effective catalyst in opening up sociodramatic play as a pleasant possibility within children's play experiences.

## **6.6 LIMITATIONS OF THE STUDY**

The following were basic limitations of the study.

1. As the scope of the study was limited to a sample size of thirty-six children from three centres within an organisation that provides childcare services to families of lower to middle income, this must be considered in applying the findings to larger populations.
2. This study focused on the effects of the enriched play environment within the constraints of space as allocated within the classrooms of Housing and Development Board void deck centres. Housing and Development Board void deck centres are commonly used for childcare centres and kindergartens but

this does not encompass others which are operated in houses and commercial buildings.

3. Despite the attempt to control some of the variables, the way children play is a result of a complex context which cannot be entirely controlled, for example, the group dynamics on any one occasion. On the one hand, random assignment of children to the small groups provides an unbiased process but, on the other hand, the random assignment may limit interaction of the children who were not the usual play mates.
4. Cultural perspectives of pretend play can affect the responses of the children. In the local context, more emphasis is placed on academic subjects such as Math, Science and Language. The House Corner is usually made available to the children during their Integration time which is arrival and pick-up time, and during transitions between lessons. As pretend play is not considered an academic subject, less importance is given to it and teachers tend to believe that children can play on their own with some toys provided.

## **6.7. IMPLICATIONS FOR PRESCHOOL EDUCATION AND TEACHER TRAINING**

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Although the scope of study was limited to a sample size of thirty-six children from three centres within an organization that provides childcare services to families of lower to middle income, the study aimed to extend the understanding of the importance of an enriched play environment in relation to dramatic and sociodramatic

play of children and the impact that teacher facilitation has on children's play. The rationale of descriptions was not statistical generalisation but extension of understanding of the phenomenon after the intervention. In the reflection of the occurrences of certain phenomenon, it was hoped that through logical inquiry within the limits of the context of the study, inferences on children's dramatic and sociodramatic play could be achieved.

### **6.7.1 IMPLICATIONS FOR PRESCHOOL EDUCATION**

Based on the findings of this study, some recommendations emerge for consideration regarding preschool education for children. The impact of dramatic and sociodramatic play on preschool education is a concern which is relevant not only to preschool teachers, but also to administrators and policy makers, as for positive effects to materialise, the values and importance of dramatic and sociodramatic play should eventuate into application.

As presented in references to literature in chapter two, there is increasing evidence of the influence that pretend play has on various areas of development of children. Feitelson and Ross (1973) referenced in 2.4 in chapter two, noted the association of increases in spontaneous play behaviour with children's performance on a creativity test. Saltz and Johnson (1974) cited in 2.5.2 of chapter two, reported that training in sociodramatic play and the enactment of stories resulted in positive effects in tasks that required integrative skills of comprehension and sequencing. Saltz, Dixon, and Johnson (1977) noted in 2.2, 2.4, and 2.5.2 in chapter two, identified increases in intellectual performance in IQ tests and the ability to distinguish reality from fantasy.

Golomb and Cornelius (1977) referenced in 2.4 in chapter two, addressed the distinction between reality and fantasy as they viewed children having the ability to transform objects and roles in play and yet maintain their original identity and function. Higher scores on conservation tasks were achieved by the children who participated in the play activities. Fein (1979) referenced in 2.5 of chapter two, noted that the processes of reversibility expressed in pretend play when children mentally transform objects from the altered to the original state, might be compared to that required in conservation tasks. According to Rosen (1974) cited in 2.2 of chapter two, when sociodramatic play was enhanced in a preschool setting, children showed improvement in group problem solving skills that require role taking and cooperation. These are essential skills in assisting children view and understand the perspectives and needs of others.

Awareness of the values of make-believe play and how it relates to children's learning should be increased in teachers and parents. This would contribute towards encouraging teachers to further their knowledge of play, increase their confidence in the planning for the provision of dramatic play within the curriculum and develop skills in the facilitation of dramatic and sociodramatic play in the classrooms. In line with Smilansky's (1968) arguments that promote dramatic and sociodramatic play in the curriculum for early childhood education, Singer (1973), reiterated the point that make-believe play "can become an important part of the child's repertory for a variety of cognitive functions" (p. 243), and that "the child's capacity toward creativeness requires at least some degree of stimulation and formal structure to allow it to move beyond the limitations of the limited number of schemata available to any given child" (p. 244). In addition, he expressed his view that the promotion of make-

believe play in the classroom through less formal instructional settings and the use of improvising skits to address content material would contribute towards enhancing communication skills and can make school more interesting for children.

It had been noted that sociodramatic play entails cognitive as well as affective learning. As sociodramatic play tends to depend on a course of imaginary events, the progress of the play relies on the players being clear about what they have in mind and how they present their thoughts and ideas to others. While playing, children learn through forming their own actions and by observing other children's behaviour (Smilansky and Shefatya, 1990). Another important feature of sociodramatic play is in the domain of social skills. Certain components of make-believe play can be used in teaching children skills such as role reversal which plays a part in the development of empathy (Singer, 1973). Through their play interactions, children can also learn to generate possible solutions in conflict situations. The ability to explain ideas, images, hypotheses and assumptions in relation to what they do is a useful asset for the present as well as the future.

Emphasis on the importance of providing opportunities for children to engage in dramatic and sociodramatic play were expressed by Johnson, Christie, and Yawkey (1987) and Rubin, Fein, and Vandenberg (1983) referenced in 2.3 of chapter two, as they promoted the development of social, cognitive, and language abilities of children. David Elkind, a professor of child study, in his discussion of making healthy educational choices in his book 'Miseducation: Preschoolers at risk', recommended dramatic play as one of the areas to look for and include in early childhood programmes (Elkind, 1987). However, a common belief held by childcare centres and

kindergartens is that the provision of a House Corner would be sufficient for stimulating pretend play. In essence, Woodward (1984), Dempsey and Frost (1993), Petrakos and Howe (1996), Smith and Connolly (1980), cited in 2.5.1 of chapter two, have expressed the influence of the play environment and exposure to novel dramatic play centres or props in providing new stimuli and challenges for children to engage in pretend play.

Reynolds and Jones (1997) believe that “Play is a skill worth practising and mastering – not, as adults often seem to think of it, a mere time filler or something to do outside to blow off steam. Mastering play is as important as mastering oral and written language. All these modes of symbolic representation enable human beings to remember, to manage, to plan, and to communicate with each other” (p. 1). According to them, a play-focused curriculum does not imply a less active teacher as she is integrative in enabling children maintain their power of play which is their most fruitful learning activity.

Real progress in early childhood education should acknowledge and respect children and their interests as essential components to the educational process within an effective curriculum. The effective curriculum would incorporate opportunities for play and realities of daily experiences, providing breadth, depth and balance in children’s learning (Nutbrown, 1999).

Beardsley and Harnett (1998) in their book, ‘Exploring play in the primary classroom’, noted that in many primary classrooms, play has been recognised and accepted as an important source in providing concrete experiences that lead to mental

operations for children. In addition, they expressed that play can also act as a vehicle for personal and social development. They also advocated that in providing contexts for imaginative play, children are given opportunities to rehearse and create their own versions of their social and emotional experiences. As teachers observe the interpretations presented by children, they are provided with valuable information about their learning and understanding. Therefore, the value of play traverses beyond the preschool classroom to the primary school years. This suggests that play is an essential component in the preschool as well as in the primary school curriculum for children.

In a recent special report on ‘Preschool revolution’ in Singapore, reporters of The Straits Times visited and interviewed various organisations that provide childcare or kindergarten services for young children. They commented that, the kindergarten scene in Singapore “is undergoing a quiet makeover as parents seek more creative, interesting and fun programmes for children” (Ho and Ng, 2007, p. S1). They also added that, even providers of mass preschool education such as the PAP Community Foundation Centres are embracing the change (Ho and Ng, 2007).

#### **6.7.2 IMPLICATIONS FOR TEACHER TRAINING**

Children need teachers who are well qualified through comprehensive training programmes, who are interested and able to engage in reflective practices about their work, and who are willing to adopt innovative ideas and embark on relevant research. “Young children must receive the respect and recognition they deserve as capable thinkers and learners. Part of this respect should be demonstrated by ensuring that the

adults who work with young children are appropriately trained, properly qualified, fittingly experienced to manage the diversity of the task” (Nutbrown, 1999, p. 145).

As sociodramatic play “draws upon children’s capacities for constructing meaning, framing stories, and making sense of their worlds in ways that enrich development of the individual and the group simultaneously”, teachers of young children are entrusted with the responsibility “to help each child reach his or her potential in the powerful realm of shared make-believe” (Monighan-Nourot, 1998, p. 387).

Results from the large scale play training research of Smilansky (1968) showed that training significantly improved the quality of the children’s play. With reference to 2.2 and 2.4 of chapter two, results from studies showed that play training led to statistically significant improvements in verbal I.Q. (Saltz, Dixon, and Johnson 1977), creative thinking (Feitelson and Ross 1973), and group problem solving ability (Rosen 1974). It is essential that teachers are equipped with knowledge and skills in the importance and value of play. Their knowledge and skills with their respect for young children as having the capacity to think, process and learn, as well as possessing the potential of developing their abilities through new experiences and appropriate guidance, would enable teachers to provide enriching learning experiences for children.

In promoting play in the curriculum for early childhood education, consideration must be taken in ensuring that teachers receive appropriate training to equip them with effective knowledge and strategies for the classroom. The implications for teacher training can be two-fold: one in relation to teacher training programmes



towards certification or professional development, and the other would be teacher training in relation to specific areas such as facilitation techniques, the use of certain instruments and other content material that promote the development of children's play.

Guddemi, Jambor and Moore (1998) in sharing their plan of action for promoting children's right to play, highlighted the need for schools of education and teacher training institutions to promote, develop and provide comprehensive knowledge of children's learning through play. This would help to establish greater understanding among teachers which can be transformed from theory to practice in the classroom.

Teacher training programmes usually include the provision of an overview on play. However, greater emphasis on play in children's learning and in the curriculum would necessitate a fuller understanding of the values of play in children's development and learning. Teachers need to enhance their knowledge of play through the understanding of the various theories and research on play. They also need to be aware of strategies used to guide children in their play such as the provision of appropriate props and setting, and positive ways of guiding, sustaining and extending play. Skills in observation, recording and assessment would assist them in reviewing their strategies and reinforce their understanding of children's learning through play. Therefore, review of training programmes would assist schools and institutions to provide programmes that would appropriately address the needs of teachers so that they can benefit from the inclusion of specific areas of training that would equip them with expertise and sensitivity to engage children in learning through diverse experiences in play.

It has been noted that teachers' thinking and beliefs can affect their teaching as these can influence the way they perceive and judge events, as well as their behaviour in the classroom (Pajares, 1992; Isenberg, 1990). The examining of teachers' beliefs can provide invaluable insight towards understanding the relationship and effects on their practices in the classroom. Bennett, Wood and Rogers (1997) highlighted the dilemma that teachers face due to contradictions in their theories of play, and their teaching practice in according opportunities for play in the classroom. In theory, it was noted that teachers seem to possess a strong view that there is interrelation between play and learning which included respecting children's interests and choice, and the development of children's autonomy. However, in practice this tends to be contrary to their theories of play in terms of choice, structure and autonomy. Although teachers may hold similar theories about the value of play and acknowledge play as a valuable context for children's learning, they have differences in how play is to be included in the curriculum.

Therefore, it is essential for schools of education and training organisations to take into consideration the beliefs and thinking of teachers in order to have a better understanding of how these can affect the totality of the teaching process, and to address these needs accordingly. The acknowledgement of the influential role that thoughts and beliefs of teachers have on their teaching practice would enable organisations to address these needs in training programmes and through the provision of professional development courses or seminars. In line with this and central to the advocacy of play in the lives of children, training organisations and administrators of services for children can support teachers through training

programmes, seminars and workshops that include the articulation of teachers' thoughts, theories and beliefs of play in the curriculum for children.

As part of the educational and professional development programmes to enhance teachers' knowledge and understanding of play, training workshops and seminars can work towards addressing specific content material and areas of learning. The development of guidebooks or manuals in conjunction with training workshops can provide teachers with useful resources to assist them in their learning and classroom practices. Ongoing professional development is necessary to promote growth and learning in teachers who play a prominent role in the development of children.

The assurance of well trained and qualified teachers with increased knowledge, skills and understanding of the value of play in children's lives and in the curriculum, can serve to enhance their skills and confidence in their work with children. Appropriate training could also address teachers' beliefs and attitudes in play and propel them towards a positive direction which would be beneficial in children's learning and development. "If the adults cannot enhance children's ability to play, the children will not accrue the full benefits of their play" (VanderVen, McIntyre, Schomburg and Tittnich, 1995, p. 21).

## **6.8 RECOMMENDATIONS FOR FUTURE RESEARCH**

As a result of this study some recommendations for future research are suggested. More studies, whether short-term or longitudinal, would be helpful in investigating

hypotheses concerning play, the values of play in relation to the curriculum, and the influence of teachers and parents on children's play.

As the field of early childhood education is developing in the local context, and with the recent local 'buzz' in the preschool scene, parents seem to be more receptive in creative programmes for their children. Studies on play would serve to provide knowledge and skills for teachers, and assist parents in their understanding of play in children's development.

Within the local context, as much consideration and emphasis are placed on academic achievements, studies linking play and the development of specific academic skills such as, Math, Science and Language, would serve to address current local interest in the values of play, its role in children's learning and in the preschool curriculum. In addition, research on whether or how dramatic and sociodramatic play can provide children with pro-social and cognitive skills to help them in their transition to primary school would provide useful information for teachers, educators, parents and administrators. As adjustment to formal schooling is one of the major concerns of parents and educators in Singapore, it can be useful to consider the possibility of examining whether the incorporation of themes relating to the transition can assist children in their adjustment to the primary classroom.

As teachers play a key role in the education of children, further examination of teachers' beliefs and attitudes on play, especially dramatic and sociodramatic play and how they affect children's learning can be investigated. This can provide valuable

information to address teachers' needs for training in this domain, and the provision of resources to assist them in promoting and facilitating dramatic and sociodramatic play for children.

Within the local context, as an increasing number of parents attain higher education and are becoming better informed of children's learning and education, they are more involved in the education of their children. As parents play an increasing role in the education of their children, it would be useful to study their attitudes on play and their influence on their children's play. Valuable information can be obtained on parents' beliefs and attitudes towards make-believe play and how these beliefs and attitudes can influence and reinforce children's play.

## **6.9 CONCLUSIONS**

This study examined the effects of the enriched environment and teacher intervention on the dramatic and sociodramatic play of four to five year old children in Singapore. The longer term purpose of the study was to promote understanding of the importance of young children's play. The focus was on evaluating how the enriched play environment and teacher intervention influence children's play, particularly, dramatic and sociodramatic play.

Overall, the results indicate that the children's play levels increased with the implementation of the enriched play environment and teacher intervention. However, the results and analyses suggest that the enriched play environment had a more

significant role in increasing the play level of the children. This finding supports views held by early childhood educators and curriculum experts (Hendrick, 2001; Dodge and Colker, 1996; Dempsey and Frost, 1993; Griffing, 1983) in acknowledging that the enriched play environment with play materials, props, and themes can influence the type, and level of children's play, and that they can stimulate and extend children's dramatic play. Research that supports the enriched play environment in children's play suggests that the availability and type of play materials can influence the forms and quality of children's play (Petrakos and Howe, 1996; Pellegrini and Perlmutter, 1989). The results of the combination of the enriched play environment with teacher intervention showed significance in the play element of Imitative Role Play which is a key element in dramatic/sociodramatic play. This finding is in agreement with previous research that children's play can be enhanced when supported by adults (Saltz and Johnson, 1974; Smilansky, 1968).

However, the study showed that the enriched play environment had a more significant role in contributing to the increase of the children's play level than the combination of the enriched play environment and teacher intervention. This role of adults can be further explored by taking into consideration whether teacher training programmes can equip teachers with adequate knowledge and skills in children's play, and address their beliefs and attitudes of children's play in the preschool curriculum.

In agreement with Sponseller's (1982) view that research can help and guide adults in their understanding of children's play, I concur that research on play can provide educators and schools with possible frameworks to guide their understanding in creating meaningful experiences for children. It can help teachers in their

development of views and strategies for children's play. In addition, it can also assist them in identifying the types of play and learning processes that they wish to adopt in their classrooms as they transfer knowledge to practice.

Smilansky has highlighted the significance of sociodramatic play in promoting the positive development of children, and the importance of developing this through enriching experiences, the provision of adequate props and appropriate teacher intervention (Smilansky, 1968; Smilansky and Shefatya, 1990). Her scale for determining the play behaviours of children has provided a useful framework for evaluating and understanding children's play. This study which investigated the effects of the enriched environment and teacher intervention on the dramatic and sociodramatic play of children using the Smilansky scale serves to advocate the importance of play in children's lives and to reinforce the need for teachers to understand and provide opportunities for children to engage in play in the classrooms.

Within the local context, not much research has been done on play especially the dramatic and sociodramatic play of children. As the primary focus of my study is on dramatic and sociodramatic play of children, this uncommon topic in the local context serves to highlight the importance and value of play in children's learning which has often been overlooked with much emphasis being given to academic subjects such as Math, Language and Science. With the notion of the local context, it is necessary to emphasise the values of play and to further explore ways of including them in the curriculum for children.

This study is innovative as it studied dramatic and sociodramatic play as they are through a combined approach with a qualitative perspective complementing the quantitative analysis which resulted in a more comprehensive insight into the children's play. The significance of the findings of this study can contribute towards enhancing the understanding of play for teachers, parents and policy makers within the local context. Teachers as practitioners can be encouraged to embrace a play based curriculum through better understanding of play, values of play and the enriched environment. The findings can be used as training materials to help teachers develop their understanding of play and how to provide opportunities for play in their classrooms. Training materials and resources for teachers can be developed to equip them with knowledge and skills to actively embrace play in their classrooms. A continuum of play and learning can be developed as teachers become more aware and skilled in implementing and monitoring the effects of play on children's development.

A preschool curriculum framework was developed by the Ministry of Education (MOE) and was launched in January 2003. This curriculum framework which promotes the holistic development of children in six learning areas: Aesthetics and Creativity, Environmental Awareness, Language and Literacy, Numeracy, Motor Skills Development, and Self and Social Awareness, encourages discovery through play and interaction. However, as the curriculum framework is not compulsory, it is not adopted by all childcare centres and kindergartens. One organisation that has adopted the curriculum for their kindergartens has reported that four out of ten centres have not implemented it well as teachers need to change their mindsets and methods (Ho and Ng, 2007). In addition, reporters who visited several preschools noted that



they saw “teachers teaching unimaginatively and, in some classes, children who appear listless” (Ho and Ang, 2007, p. S2). In addition, a preschool teacher trainer has expressed that teachers need to be “nurtured” to implement the curriculum and their efforts can be undermined by managements who “insist that children learn largely through the use of worksheets and workbooks”. Furthermore, she noted that “parents can also play a part by attending parenting courses that teach the value of play in our children’s lives” (Ng, 2003, p.16). Singer and Singer (1998) also acknowledged the important roles that caregivers, teachers, parents and administrators play in nurturing the “seeds of imagination in early childhood” through accepting and reaffirming the values of play, and by providing opportunities for children to learn through make-believe play (p. 317).

Within the local context, as more preschool and childcare teachers are being trained, their knowledge should serve to spur them in understanding the essential elements of play, and interests them in being more proactive in nurturing children’s development through play. Beliefs that children’s play can be influenced through the provision of learning centres in the classroom with different activities, materials and equipment are prevalent with the emphasis of play in the preschool curriculum. In addition, the roles of the adult in the classroom are being viewed as one who is equipped with knowledge and skills to organise the play environment with enriching materials and equipment, as well as to stimulate and guide children in enhancing their play behaviours. It is evident that parents as partners of children’s education also require the necessary knowledge and understanding of the importance and values of play in their children’s lives. The study can also serve to provide resources for parent education. Policy makers also need to understand and embrace the importance and

values of play in children's lives so as to enable teachers to transfer their knowledge of play into practice in the classrooms. The United Nations Convention on the Rights of the Child which has been accepted and published by the Ministry of Community Development, Youth and Sports (MCYS) of Singapore, in 2005, encompass the child's "right to leisure" and "play" in Article 31. This article recognises "the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child" (MCYS, 2005, p.55). Guddemi, Jambor and Moore (1998) in their "advocacy for the child's right to play", aptly concluded that, "If the future of play for children is to be assured and play considered a guaranteed right of every child, there is much work to be done. In the next millennium, society owes children the best it has to give, which includes the right to play" (p. 528).

As parents, educators and policy makers are more forthcoming in their acceptance of play in the current 'preschool revolution' in Singapore, and with preschool education taking more centre stage in the local context, there are implications for preschool education, teacher training, and future research. These would contribute towards addressing the learning needs of young children to learn through play in an all embracing curriculum that develops them holistically, and equip them with knowledge and skills for preschool as well as the primary school years.

This study supports previous research that an enriched play environment and teacher intervention can enhance the play behaviours of children. In the local context, more research can be carried out to support current education of young children which includes enhancing children's learning experiences through play, and teachers'

understanding on the values of play in children's learning and in the preschool curriculum.

## **APPENDIX A**

### **CONSENT FORM WITH INFORMATION ON THE STUDY**

Consent Form with Information on the Study

Dear Parents,

2004

I am pursuing my doctoral studies in education. I am conducting a study on children’s play behaviour in the classroom environment, as there is growing evidence that supports connections between high-quality play and the development of social, linguistic, and specific academic skills. The study aims to enhance the understanding of children’s play behaviour and to highlight factors, and where possible make appropriate recommendations that can assist in increasing the quality of play which can contribute positively to children’s learning and development.

The study would involve observations of children when they are engaged in play in the classroom. The children will be observed in a group as they interact with the equipment, toys and their classmates. The play sessions will be videotaped and will be used mainly for the purpose of studying children’s play behaviour in the classroom. The sessions will be conducted over a period of about one to one and a half weeks.

Confidentiality will be a high priority as all information and identities will be kept strictly confidential.

Kindly complete the form and return to the class teacher in the envelope provided by 2004.

Thank you very much.

Yours sincerely,

Theresa Lu

Email:

Tel:

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Please complete the blanks and delete \* where necessary.

I, \_\_\_\_\_ (name of Parent)

allow / do not allow\*my child \_\_\_\_\_ (name of child)

from \_\_\_\_\_ (name of childcare centre) to

participate in the study and for the findings of the study to be used for

publications and further research, where appropriate.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX B**

**FORM FOR SCORING THE PLAY ELEMENTS**  
**(SMILANSKY AND SHEFATYA, 1990)**

## Appendix B

### Form for Scoring the Play Elements (Smilansky and Shefatya, 1990)

**Summary** - Record of Child's Socio Dramatic Play During 20 Minutes. Recording: 30 minutes. Rating of first 20 minutes with four 5 minute intervals. **0** = Not Present, **1** = Present to a Limited Degree, **2** = Present to a Moderate Degree, **3** = Present Consistently & in Many Situations during child's play.

Name of child (initials and code number) : _____				Date: _____		Researcher / Other _____			
Dramatic/ Socio Dramatic Elements	I Imitative Role Play	II Make-Believe with Objects	III Make-Believe with Actions and Situations	IV Persistence in Role Play	V Interaction with Others	VI Verbal Communication	Total Score for each Interval	Kind of Role Child plays	
Possible Score	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 - 18		
1st 5 minute interval	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3			
2nd 5 minute interval	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3			
3rd 5 minute interval	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3			
4th 5 minute interval	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3			
Total score possible for 20 mins.	0 - 12	0 - 12	0 - 12	0 - 12	0 - 12	0 - 12	0 - 72		
Child's total score									
Mean score possible for 20mins.	0 - 3	0 - 3	0 - 3	0 - 3	0 - 3	0 - 3	0 - 18		
Child's mean score									

## **APPENDIX C**

### **EVALUATION CATEGORIES OF PLAY ELEMENTS WITH RATING GUIDELINES (THE SMILANSKY SCALE FOR EVALUATION OF DRAMATIC AND SOCIODRAMATIC PLAY, SMILANSKY AND SHEFATYA, 1990)**



**EVALUATION CATEGORIES OF PLAY ELEMENTS WITH RATING GUIDELINES**  
**THE SMILANSKY SCALE FOR EVALUATION OF DRAMATIC AND SOCIODRAMATIC PLAY**  
**(SMILANSKY AND SHEFATYA, 1990)**

**I IMITATIVE ROLE PLAY**

The child undertakes a make-believe role and expresses it in imitative action and/or verbalization. He enacts the character of a person (or animal) or than himself in another context. The dimensions of role play are primarily those of elaboration, involvement and the amount of role play.

<b>0 = Not Present</b>	<b>1 = Present to a Limited degree</b>	<b>2 = Present to a Moderate degree</b>	<b>3 = Present Consistently in many situations</b>
<p>Role Play is Not Present.</p> <p>Role announcement Alone = 0,  Wearing a garment Alone = 0  SINGLE imitative acts = 0  (pretending to listen or call on the phone, cooking with toys, eating, drinking – Rate in II Make-Believe with Objects)</p> <p>A child who is merely submitting to a doctor's examination is not considered to be role playing.</p>	<p>Role play is present but there is little or no elaboration.</p> <p>1 is scored if any 1 of the following is present:</p> <p>a) Role announced + 1 Action of role</p> <p>b) Wears Garment or use equipment + 1 Action  (Egs. Doctor's coat and injects doll; uses stethoscope to listen to doll's heart)</p> <p>c) Performs 2 Actions associated with role  (Egs. injects doll and uses stethoscope to listen to heart; child submitting to a doctor's examination, opens his mouth &amp; groans).</p>	<p>Role play to a moderate degree</p> <p>Child enacts 1 or more roles with some elaboration  (3 role-associated actions) within the five-minute period.</p> <p>A child who does a great deal of role play in five minutes can get a score of 2 although he may not be persistent in any 1 role.</p>	<p>Role play is highly elaborate</p> <p>Child enacts role with:</p> <p>Many different ideas; imitation of voices, gestures, posture.</p> <p>(At least 3 or more role-associated actions + some of the above)</p>

II MAKE-BELIEVE WITH OBJECTS

Toys, materials, gestures, verbal declarations are substituted for real objects.

A toy being used in a way other than intended (a cash register is used as a typewriter, or if a child takes groceries to the cash register to check them out, or statements primarily object-centered: “I’m drinking coffee” or “I’m driving a car”).

0 = Not Present	1 = Present to a Limited degree	2 = Present to a Moderate degree	3 = Present Consistently in many situations
No use of any of the actions listed (no make-believe with objects). Simple labeling of objects = 0 Using clothing = 0	Use of toy + one pretend action = 1. (Egs. Use groceries to pretend eating and drinking or  takes groceries to cash register to check out or  makes imaginary phone call to someone present or not). This need not be within an episodic context.	The use of toys and a few pretend actions. 1 to 2 toy/s + 2 actions/gestures/statements (2 of each or any pair)  (Egs. takes groceries to check out and brings home to cook).  The child uses some gestures or words as a substitute, either with or without toys, but usually in addition to toys.	Child uses words and actions referring to or substituting for objects. (actions/gestures/statement – 3 or more)    The child employs some combination of the actions described above extensively while enacting a role or roles.

III MAKE-BELIEVE WITH ACTIONS AND SITUATIONS

This refers to verbal behavior only. Applies to ALL speech, whether it is part of an interaction or not.  
Verbal descriptions are substituted for actions and situations: a sick baby, a broken arm, a picnic, going to work, saving a drowning child, visiting grandma, going to the market or the store, cooking breakfast or dinner, fixing a broken stove.  
“I’m driving to work” refers to action and situation.  
“I’m driving my car to work” refers to object, action and situation.  
The verbalized action may or may not be carried out.

0 = Not Present	1 = Present to a Limited degree	2 = Present to a Moderate degree	3 = Present Consistently in many situations
No make-believe with actions and situations.	Slight or simply there.  1 related statement:  “I’m going to the doctor.” “I’m going to cook dinner.” “Let’s go to the store.”  “I’m the doctor, pretend this (pointing to space) is my office/clinic.”	Moderate.  2 to 3 different situations or statements are referred to verbally: “We just went shopping. Let’s unpack the food and cook.”  OR  There is some elaboration of a single situation.	Extensive and very imaginative.  4 or more situations or statements referred to verbally: “Let’s have a picnic. You pack the lunch. We have to go in the car. Be careful! The eggs will break.”

**IV PERSISTENCE IN ROLE PLAY**

The child **persists in a play episode for at least five minutes.**  
A child can get low score on role play and a high score on persistence (Amount of time spent).  
Role involvement is considered; if he stays with the role but is not involved, he cannot get more than 2.

0 = Not Present	1 = Present to a Limited degree	2 = Present to a Moderate degree	3 = Present Consistently in many situations
There is NO persistence in role play.	<b>Limited.</b>  Child follows through on role play - a series of acts (3): i.e., he goes to the store, gets groceries and takes the groceries home.	<b>Moderate.</b>  Child elaborates or repeats activities of the role/s to a moderate extent.  Some interruption activity can take place. The child definitely has a theme around which he plays.	<b>Extensive.</b>  Child stays with a single role or related roles (Doctor/Nurse; Father/Mother) for all of the five-minute period.  The play can be repetitious or elaborated. There may be a brief interruption as long as the child returns to the main theme.

V INTERACTION

There are at least two players interacting in the context of the play episode.  
Interaction means that the child directs an action or words to another child.  
He intends for the other child to respond at least by listening.  
A child waiting at the cash register to check out is an example of interaction whether or not the other child responds.

0 = Not Present	1 = Present to a Limited degree	2 = Present to a Moderate degree	3 = Present Consistently in many situations
NO interaction with another child.	Slight interaction, verbal or non verbal.	Moderate degree of interaction.	Truly reciprocal role play.
A child who is merely submitting to a doctor's examination is not considered to be role playing. If he opens his mouth, groans, etc. it is role play.	A score of 1 means interaction is present but play activity is predominantly solitary or parallel.	Interaction is more than minimal but not necessarily integral. Play activity is predominantly interaction with another child, the child must evidence some reciprocal cooperative play i.e. child interacts with others at various times to share props or partner in play. <u>Actions</u> – 2 or more related to play episode: Do things together; carries plate together; eat together; 1 carry tray + 1 put on; <u>Words/Statements</u> related to play episode- directed at another child whether or not, the other child responds. (Eg. offering food/item to another child).	Truly reciprocal role play (doctor, nurse; husband, wife; worker, boss) is an integral feature of the play behavior for most of the five-minute period.  This includes two children who interact with each other as two mothers: ("We need groceries" or "Your baby is sick.").

## VI VERBAL COMMUNICATION

There is some Verbal Communication not Monologue, related to the play episode.  
 If a child has received a score for Verbal Communication, he must also be rated for Interaction.  
 The score a child receives for Interaction may be higher than that for Verbal Communication but  
 the score for Verbal Communication may not be higher than that for Interaction.

<b>0 = Not Present</b>	<b>1 = Present to a Limited degree</b>	<b>2 = Present to a Moderate degree</b>	<b>3 = Present Consistently in many situations</b>
<b>No Verbal Communication (VC).</b>  Role announcement alone = 0  "Give me" "That's mine" = 0  Discussing roles alone is not VC, unless it is related to an episode, then it may be considered.	<b>Present but slight.</b>  Verbal Communication exists, but only just. (Eg. 1 statement – "I am going to give you an injection").  A child reported talking with another child during the play episode is counted as communication unless otherwise specified.	<b>Moderate.</b>  Dialogue related to theme.  (Eg. 2 statements – "I have a high fever"; "I will give you an injection").	<b>Extensive and integral to play.</b>  Constant dialogue related to play involving sequence of question/answer or alternating statements - 3 or more. (Eg. Restaurant scene : "What do you want to eat?" "Do you have hamburgers?" "Yup. We have hamburgers, French fries and coke").

## **APPENDIX D**

### **GUIDELINES FOR TEACHER INTERVENTION AND FACILITATION**

## **GUIDELINES FOR ADULT/TEACHER INTERVENTION AND FACILITATION**

### **Adult Intervention / Facilitation**

- The goal of play intervention is not to provide continuous adult-guided activity, but to enrich children's self-directed play.
- Adult intervention should aim towards opening up possibilities for the child and extending the dimension of play.
- Adult intervention should work towards helping the child to express himself/herself.
- The adult should not influence the content of the play activity but aid the child in elaborating more fully.
- Concentrate on "teaching" (guidance and encouragement) the children how to utilise their previous experiences.
- Teacher should encourage and enable the child to do what the child wants to do.
- Intervention that is imposed on the children can be ineffective and harmful.
- Excessive or highly obtrusive interventions can interfere with play development.



## **Guidelines**

1. Teachers should intervene only if children need support.
  2. Much of the time, children can benefit without adult assistance.
  3. Teachers should not force themselves upon the children as they play. They should respect the children's wishes to be left alone.
  4. Teachers should intervene in ways that preserve children's own play themes; interventions that significantly interfere with activities in progress are inappropriate.
  5. Where necessary, teachers should intervene for a short while to enhance one or more play skills, then withdraw. The goal is to enrich self-directed play, not provide continuous adult guidance.
- Allow the children to choose and begin doing what they want.
  - When they repeat themselves over and over again on the same type of play or  
When they seem stuck and do not know what to do next or  
When they jump from one activity to another without carrying anything to an  
elaborated end, intervene through:
    - Suggestions,
    - Comments,
    - Questions, and
    - Demonstrations.

## **Intervention outside the play situation**

If a child is found playing by herself with a doll and is not interacting with the other children,

The teacher might say, “How is your baby today?”

The child could answer, “She is ill” or if she does not respond,

The teacher could suggest that her baby might be ill and

“Let’s take your baby to the clinic. I did the same with mine when she was ill.”

The teacher can bring the child to the corner where the other children are playing (For example, Clinic) and say,

“Here is Mrs. M with her baby. She thinks her baby is sick, could you please help her, nurse/ doctor?”

At this point, stop intervention and observe whether the child would interact with the other children and whether the other children would include her in their play.

If the child begins to play with the other children, then no further help is required from the teacher.

If the child does not respond by interacting, the teacher can try again by saying,

“Mrs. M., the nurse asked you what is the matter with your baby.

Show the nurse where it hurts your baby. Tell her about it.”

Intervention from outside the play situation takes several forms:

Questions – “How is your baby today?”

Suggestions – “Let’s take your baby to the Clinic.”

Clarification of behavior – “I did the same when my baby was ill.”

Establishing contact between players – “Can you please help her, nurse?” and

Straightforward direction “Show the nurse where it hurts your baby.

Tell her about it.”

The teacher addresses THE ROLE PERSON, not the child.

The teacher does not take on a role in the play,

his or her intervention comes as part of the child’s play world.

It is both a confirmation of the validity of the play world and a demonstration of how it works.

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